

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, January 25, 2013 at the hour of 7:30 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman O'Donnell called the meeting to order. In the absence of a quorum at that time, she appointed Director Butler as a temporary member of the Committee for quorum purposes; therefore, a quorum of members was present.

Present: Chairman Heather O'Donnell, JD, LLM and Directors Hon. Jerry Butler, Edward L. Michael and Jorge Ramirez (4)

Board Chairman David Carvalho (ex-officio) and Mr. Donald Oder (Non-Director Member)

Absent: Directors Quin R. Golden and Carmen Velasquez (2)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

Robert Cohen, MD – System Chair, Department of Pulmonary and Critical Care Medicine

John Cookinham – System Chief Financial Officer

Susan Greene – System Interim Director of Managed Care

Helen Haynes – System Associate General Counsel

Marisa Kollias – System Interim Director of Public Affairs

Dorothy Loving – System Executive Director of Finance

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

Joy Wykowski – Chief of Staff to the Chief Executive Officer

II. Public Speakers

Chairman O'Donnell asked the Secretary to call upon the registered speakers.

The Secretary responded that there were no registered public speakers.

III. Action Items

A. Minutes of the Finance Committee Meeting, December 7, 2012

Director Butler, seconded by Director Michael, moved to accept the minutes of the Finance Committee Meeting of December 7, 2012. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Committee's consideration. The Committee reviewed and discussed the requests.

The following individuals presented additional information: Susan Greene, System Interim Director of Managed Care; Dr. Robert Cohen, System Chair of the Department of Pulmonary and Critical Care Medicine; Marisa Kollias, System Interim Director of Public Affairs; and Joy Wykowski, Chief of Staff to the Chief Executive Officer.

III. Action Items

B. Contracts and Procurement Items (continued)

With regard to request numbers 5, 7 and 8, Director Michael asked whether there is a connection between payment and performance, as it is not explicitly stated in the transmittal. For request number 5, Ms. Greene stated that there are performance measures built into the contract. For request number 7, Ms. Kollias stated that their performance will be monitored very closely. For request number 8, Ms. Wykowski stated that deliverables are included in the vendor's work plan (note: later in the meeting, information relating to the deliverables and work plan for request number 8 was requested to be provided for the Board's information, in time for the February 1st Board Meeting).

A question was raised regarding mobile testing for sleep laboratory services (request number 6). Dr. Cohen stated that mobile testing is going to be used for inpatient testing that will supplement the laboratory testing.

Board Chairman Carvalho noted that, when the minutes of this meeting are presented for approval at the February 1, 2013 Board Meeting, he will abstain and vote PRESENT on request numbers 1 and 10, under the Contracts and Procurement Items, at that time.

Director Michael, seconded by Director Butler, moved the approval of request numbers 1 through 10, under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

C. Request for authorization to enter into and execute Lease Schedules, pursuant to the Replacement Master Lease Agreement with Banc of America Leasing and Capital Corp., for the leasing of the items set forth in the memorandum dated January 22, 2013 (Attachment #2)

John Cookinham, System Chief Financial Officer, and Ms. Besenhofer presented the request for the Committee's consideration. The Committee reviewed and discussed the matter.

Director Michael, seconded by Director Butler, moved the approval of the request for authorization to enter into and execute Lease Schedules, pursuant to the Replacement Master Lease Agreement with Banc of America Leasing and Capital Corp., for the leasing of the items set forth in the memorandum dated January 22, 2013. THE MOTION CARRIED UNANIMOUSLY.

D. Proposed Resolutions (Attachment #3):

- i. Authorizing signatory update for the John H. Stroger, Jr. Hospital of Cook County Grant Funds bank account at the JP Morgan Chase Bank**
- ii. Authorizing signatory update for the John H. Stroger, Jr. Hospital of Cook County Physician Services bank account at the JP Morgan Chase Bank**
- iii. Authorizing signatory update for the Oak Forest Health Center General Fund bank account at the JP Morgan Chase Bank**

Director Butler, seconded by Director Michael, moved the approval of the three (3) proposed Resolutions. THE MOTION CARRIED UNANIMOUSLY.

E. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Financial Reports – November 2012 and December 2012 (Attachment #4)

This item was taken out of order.

Dorothy Loving, System Executive Director of Finance, presented the Financial Reports for the period through December 2012. The Committee reviewed and discussed the information.

Director Michael inquired further regarding collections. He stated that the \$4 million that the System received from the Upper Payment Limit (UPL) is great, but if it had not been for that, the System would have actually had a deficit of \$1 million for the month. Mr. Cookinham responded that the System had planned to start receiving 1115 Waiver per-member per-month (PMPM) money in February; this was started a little later than anticipated. Part of what was experienced in December and January is the loss of processing time from the holidays, both in terms of processing at the System and at the State and third-party level. Additionally, every time the System receives a retroactive payment, like the UPL adjustment or any of the other rate changes, the State has to reprocess many claims, which interferes with the current business activities; it is expected that this will pick up in the next several months. He added that there have also been some difficulties experienced with the installation of a new pharmacy system.

Director Michael stated that one of the things that was not evident was how much of the expense in December would be attributable to the 1115 Waiver activities. Mr. Cookinham responded that, with regard to the expense attributable to the Waiver activities, for some of the activities, the initial invoices have not yet been processed, so he was unsure of that amount relating to the December expenses. He added that much of the expenses are or will be based on the number of people who are enrolled.

Mr. Cookinham noted that, as previously discussed, staff is working on a monthly report that segregates the Waiver revenue and expenses. A couple of positive outcomes that have resulted from the negotiations is that the administrative expenses are to be paid separately from the PMPM amounts, and regarding the retroactive billing of Medicaid.

Board Chairman Carvalho made the following request with regard to the presentation of the financial reports to the Committee in the future: incorporated into the financial reports should be a page or two of the methodology that spreads expenses and revenues, so that when one looks at the numbers to date, they can get a more accurate picture of what is going on. For the first eleven months for the financials, there are numbers on the page and then there are explanations that are only heard orally that explain the whole picture.

Chairman O'Donnell inquired regarding the review of potential opportunities to reduce expenses, as it relates to the financial reports. Mr. Cookinham responded that one of the issues with this is due to the way the County pays and keeps track of expenses. An appropriation trial balance is received from the County on a monthly basis that shows what has been encumbered and what has been spent; because it is not an accrual-based system, where liability is recorded when an invoice is received, it is a little more difficult to divide it up into monthly kinds of numbers. He noted that savings can be achieved on the supply chain side, when staff is able to identify at that point to utilize the group purchasing organization (GPO) or get better contract prices. The month-to-month reporting is more difficult based on their current tools.

IV. Recommendations, Discussion/Information Items

A. Financial Reports (continued)

Chairman O'Donnell stated that the Board wants the financial reports to be useful to the Board and management, to be able to examine where improvement is needed and where success is achieved. She stated that there is a need for the proper tools to be in place, and the ability to track revenue as well as expenses, so that opportunities for further savings can be targeted.

Board Chairman Carvalho elaborated further on that point, regarding the need for managers to have this information, in order to manage. He noted that yesterday at a City Club of Chicago event, Dr. Ram Raju, Chief Executive Officer, delivered a speech that talked about the fundamental changes in the way the System deliver cares that are required to be successful. That led Board Chairman Carvalho to think about some of the fundamental ways that the System needs to think differently about how it manages its financial affairs. Currently, a manager is successful if he or she keeps their expenditures under appropriation. They are unsuccessful if they go over appropriation and need a transfer; however, even that unsuccessful activity still has a way to fix it. This needs to be transformed so that the successful manager is the one who does not come anywhere close to spending the appropriation.

Director Michael indicated that he would feel more comfortable if the System was collecting cash in excess of the budget amounts per month, consistently on a monthly basis. He noted that in 2012, the System consistently ran under what was expected to be collected on Medicaid, Medicare and physician billing. Now with the Waiver piece coming in as well, that compounds the issue. Mr. Cookinham agreed. He stated that the administration has recognized that the performance with regard to collections has been less what it should be; however, he noted that it is better that it has been in the past.

Mr. Oder noted that he is used to reviewing financial statements compared to budget. He agreed that it is important to get this information on an actual basis. He added that the whole year seems to be wrapped up in the revenue relating to CountyCare; therefore, it is really crucial that the Finance Committee and Board receive a monthly budget on CountyCare to show how this builds up.

Director Michael noted that, apart from the Waiver, the expenses budgeted for this year are actually lower than they were in 2012. The team has done a good job managing expenses down, apart from the Waiver; the key is, are the expenditures from the Waiver going to be in control and in line with what is collected as a result of that program? A focus on that piece, in the monthly reports on the Waiver activity, including both expense and revenue, is very important.

B. Update on the following projects:

i. Section 1115 Medicaid Waiver Demonstration Project / CountyCare

Ms. Greene provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare. She stated that, starting February 1st, CountyCare will have its first members – for the first time these members will have access to health care services that were previously unavailable to them, such as behavioral health services and substance abuse services.

In addition to on-boarding the vendors and primary care partners, Managed Care has conducted four training sessions for application assisters, has held numerous presentations to advocacy and community groups, and has held the first weekly webinar session with the primary care partners, including Ambulatory and Community Health Network of Cook County (ACHN) clinicians.

IV. Recommendations, Discussion/Information Items

B. Update on the following projects:

i. Section 1115 Medicaid Waiver Demonstration Project / CountyCare (continued)

As of this week, nearly 6,000 applications have been initiated; for these applications, the System is waiting on the applicant to provide the required documentation. Of those, approximately 15% have been submitted to the Illinois Department of Human Services (DHS), to be adjudicated. While the official monthly transmission has not yet been received from the Illinois Department of Healthcare and Family Services (HFS) on the approvals, the unofficial numbers from DHS reflect that the approval rate is at 90%.

One of the outreach strategies that is being used is a type of automated phone system that generates calls to potential eligible persons from a targeted group. Ms. Greene provided information on some of the results of this strategy, focused upon persons from the database that were identified as most likely to be eligible, based on age, income, etc.; she added that these are people who have received care in the ACHN General Medicine Clinic. Approximately 13% of the phones were disconnected, based on the last known phone number of the person. 43% of the time, a message was left for the person. 17% of the calls resulted in no answer. 26% of those called were successfully contacted and screened for eligibility. 46% of those screened were not eligible for CountyCare. 67% of those screened as potentially eligible declined to continue with the application.

On the subject of those potentially eligible persons who declined to apply, Board Chairman Carvalho stated that the System needs to develop a "Plan B". Plan A would be to educate and convince potential enrollees; Plan B would tie consequences to those who are eligible but who will not enroll. Plan B would not automatically be implemented, but it would stand at the ready for implementation if it is determined that Plan A is not working. Simply relying on the good will of people to enroll because it is good for the System is not guaranteed to be successful. The continued viability of the System depends on this program working; there needs to be something built in to compel or incentivize people to enroll. He noted that discussions have been held on changing the culture for the staff, and discussions need to be held about changing the culture for the patient, too.

The Committee further discussed strategy and outreach plans; it was noted that contractual proposals for communication and outreach activities were considered earlier in the meeting and were recommended for approval. Based on this discussion, Director Michael requested that the work plans that are proposed as part of the contractual arrangement for outreach efforts (request number 8 under Item III(B) – Contracts and Procurement Items) be provided to the Board for their information in advance of the February 1, 2013 Board Meeting. He added that he would like to have answers to the following questions: What are the other programs that are part of this outreach campaign? When will enough data be compiled in order to see the success rate for each of those programs under the outreach campaign?

ii. Global Healthcare Exchange (GHX) contract management / electronic exchange system

Ms. Besenhofer provided a brief update on the implementation of the GHX system. She stated that the system went live on January 7, 2013. She stated that this process has been a huge undertaking; she thanked all of those who were involved in the implementation.

iii. Meaningful Use

An update on Meaningful Use will be provided at the next Finance Committee Meeting from Dr. Bala Hota, System Interim Chief Information Officer.

V. Report from System Director of Supply Chain Management

A. Report of emergency purchases

There were no emergency purchases to report at this time.

VI. Report from Chief Financial Officer (Attachment #5)

This item was taken out of order.

Mr. Cookinham presented his report, which included an update on revenue. The Committee reviewed and discussed the information.

Director Michael inquired regarding the factors that may have contributed to the decline in inpatient volume by 19% from 2010, as reflected in Mr. Cookinham's report. He noted that there may perhaps be several factors contributing to the decline; however, he inquired whether one of the factors may have been due to reasons relating to patient satisfaction.

Dr. Raju stated that patient satisfaction is always something that the administration is concerned about. He noted that there are two main goals that are of top priority: 1) enrolling the people in CountyCare; and 2) keep the patients happy so they will stay with CountyCare. He added that there a number of initiatives in place to address patient satisfaction.

With regard to the subject of the decline in inpatient volume, Dr. Raju noted that it is a positive trend to increase outpatient volume and decrease inpatient volume. Mr. Cookinham provided additional information on possible factors that could have contributed to the decline. In that period of time, Oak Forest Hospital was transitioned from an inpatient facility to an outpatient facility, and Provident Hospital was reduced to operating twenty-five beds.

Director Michael stated that, given the decline, it appears that the System has done well from a financial standpoint. Chairman O'Donnell noted that, because these documents are publicly available, when a significant decline like this is reflected, an explanation for the decline should be provided in the materials.

VII. Adjourn

As the agenda was exhausted, Chairman O'Donnell declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Heather O'Donnell, JD, LLM, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
January 25, 2013

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM III(B)
JANUARY 25, 2013 FINANCE COMMITTEE MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Accept Supplemental Grant Award					
1	Illinois Department of Public Health	Service - Infant Immunization & Perinatal Hepatitis B Prevention Services	Supplemental grant amount: \$40,000.00	CCDPH	2
Extend and Increase Contracts					
2	Jani-King of Illinois	Service - janitorial cleaning service	\$178,659.56	ACHN	3
3	Colonial Coach Lines	Service - shuttle bus	\$97,000.02	System	4
Amend and Increase Contract					
4	Carminati Consulting, Inc.	Service - professional services - IT	\$100,000.00	System	5
Execute Contracts					
5	Catamaran	Service - pharmacy benefit management services	\$2,989,250.00	System	7
6	Neurocare, Inc.	Service - sleep laboratory services	\$2,298,000.00	SHCC	8
7	Jayne	Service - media professional services	\$800,000.00	System	9
8	Prairie Group Consulting, Inc.	Service - outreach campaign professional services	\$500,000.00	System	10
9	CareFusion PYXIS	Product - equipment and software lease	\$267,960.00	System	11
10	Holy Cross Hospital	Service - Neonatology and Pediatric Services	\$33,000.00 (net revenue)	SHCC	12

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Sandra Martell, R.N., D.N.P., Interim COO, CCDPH		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer	
DATE: 11/30/2012		PRODUCT / SERVICE: Service -Infant Immunization & Perinatal Hepatitis B Prevention Services	
TYPE OF REQUEST: Supplemental Grant Contract		VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, IL	
ACCOUNT *		FISCAL IMPACT:	GRANT FUNDED / RENEWAL AMOUNT: \$40,000.00
CONTRACT PERIOD: 01/01/2012 thru 12/31/2012		CONTRACT NUMBER: 35180023A	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The Board of Directors of the Cook County Health and Hospitals System approved the previous grant awards of \$75,000.00 for Infant Immunization and \$35,000.00 for Perinatal Hepatitis B Prevention for a total of \$110,000.00 for a 12 month program on March 29, 2012.

NEW PROPOSAL JUSTIFICATION:

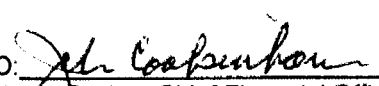
As an Illinois state certified health department, the Cook County Department of Public Health (CCDPH) receives funding to provide infant immunization services to ensure that all data on immunizations to children less than eighteen (18) years of age at CCDPH clinics and other provider sites is tracked electronically and assessed for compliance with the Centers for Disease Control and Prevention (CDC) and Illinois Department of Public Health (IDPH) immunization schedule. CCDPH conducts site visits at private provider sites enrolled in the federal Vaccines for Children (VFC) for children ages 12-35 months to assess coverage levels. As mandated, CCDPH will provide case management and immunizations to pregnant/postpartum women who test positive for Hepatitis B and their at-risk infants and household contacts. This request provides additional funding by a third contract received on 11/29/2012 in the amount of \$40,000.00.

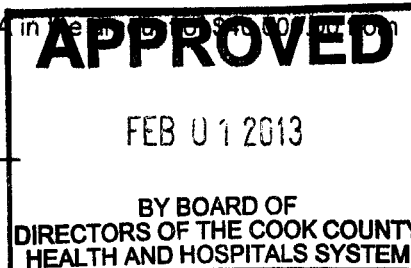
*The deferred liability for all three agreements for Infant Immunizations and Perinatal Hepatitis B prevention is \$40,099.00.

TERMS OF REQUEST:

This is a request to accept supplemental grant contract number 35180023A in the amount of \$40,000.00 on 01/01/2012 thru 12/31/2012.

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer



Request #

1

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BOARD APPROVAL REQUEST

SPONSOR: Kathi Braswell, Chief of Staff, ACHN		EXECUTIVE SPONSOR: Ram Raju, M.D. Interim Chief Operating Officer, ACHN/Chief Executive Officer	
DATE: 01/16/2013		PRODUCT / SERVICE: Service- Janitorial Cleaning Service	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Jani-King of Illinois, Rolling Meadows, IL	
ACCOUNT: 893-235	FISCAL IMPACT: \$178,659.56	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 01/06/2013 thru 03/31/2013		CONTRACT NUMBER: H12-72-0138	
COMPETITIVE SELECTION METHODOLOGY: N/A			
X NON-COMPETITIVE SELECTION METHODOLOGY: Preferred Provider/Sole Source			

PRIOR CONTRACT HISTORY:

Cook County Health and Hospitals System (CCHHS) issued two requests for proposals for the subject services. The first RFP was responded to by only one proposer. The second received three responses, but the vendors did not possess significant healthcare experience. An emergency situation arose that required CCHHS management to enter into a contract with Jani-King of Illinois for a two month period from 11/05/2012 to 01/05/2013 to bridge service at the clinics. The contract was in the amount of \$126,436.00

NEW PROPOSAL JUSTIFICATION:

Pending the issuance of a third RFP and negotiations of a more comprehensive and long term contract, CCHHS management requests to extend and increase the Jani-King of Illinois contract to provide the management and staffing with janitorial cleaning services for the Ambulatory and Community Health Network for a period of two months. This will increase the total contract spend to \$304,105.56.

TERMS OF REQUEST:

This request is to Extend and Increase contract number H12-72-0138 in the amount of \$178,659.56 for the period from 01/06/2013 thru 03/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

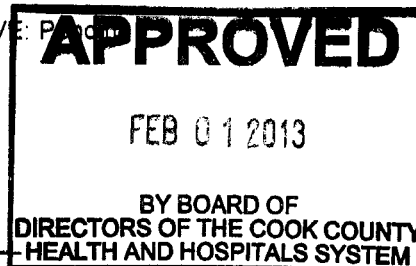
ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer



Request #
2

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: John Morales, Chief Financial Officer, Stroger Hospital		EXECUTIVE SPONSOR: Carol Schneider, System Chief Operating Officer	
DATE: 01/15/2013		PRODUCT / SERVICE: Service - Shuttle Bus	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Colonial Coach Lines, Mt. Prospect, IL	
ACCOUNT: 890-190 CCHHS	FISCAL IMPACT: \$97,000.02	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 01/01/2013 thru 03/31/2013		CONTRACT NUMBER: H10-72-018	
X	COMPETITIVE SELECTION METHODOLOGY: BID (Original Contract)		
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Colonial Coach Lines was the lowest, qualified bidder and was awarded the original contract to provide service between the Juvenile Temporary Detention Center garage and Stroger Hospital by the Cook County Board on 01/09/2007 in the amount \$969,381.36. A subsequent contract was executed by the Cook County Health and Hospitals System on 06/25/2010 for a two year period from 07/22/2010 thru 07/21/2012 in the amount of \$776,000.16. There have been two amendments to the contract. The first amendment was issued on 07/19/2012 to extend the terms of the contract until 09/21/2012 and increase the amount by \$64,662.68. The second amendment was issued to extend the terms of the contract from 09/21/2012 thru 12/31/2012 and increase the amount by \$113,166.69.

NEW PROPOSAL JUSTIFICATION:

This extension will allow Colonial Coach Lines to continue to provide shuttle bus service between the Juvenile Temporary Detention Center garage and the Stroger Hospital campus. As we continue to assess potential areas of cost reduction, the service and specifications required have been changed and a Request for Proposal (RFP) has been posted with the revised specifications. Extending this contract for 90 days will allow us to complete our due diligence appropriately.

TERMS OF REQUEST:

This is a request to extend and increase contract number H10-72-018 in the amount of \$97,000.02 for a period from 01/01/2013 thru 03/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

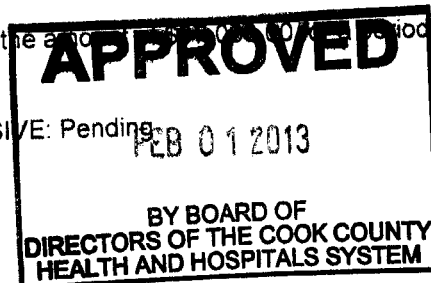
ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

CCHHS CEO: Ram Raju
Ram Raju, M.D., Chief Executive Officer



Request #
3

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AS AMENDED BOARD APPROVAL REQUEST

SPONSOR: Marisa Kollias, Interim System Director of Public Affairs Bala Hota, M.D., Chief Medical Information Officer/Interim Chief Information Officer		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer	
DATE: 01/07/2013	PRODUCT / SERVICE: Service-Professional Services - IT		
TYPE OF REQUEST: <u>Extend</u> Amend and Increase Contract	VENDOR / SUPPLIER: Carminati Consulting, Inc., Chicago, IL		
ACCOUNT 890-260	FISCAL IMPACT: \$100,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2012 through 11/30/2013		CONTRACT NUMBER: H12-72-0008	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] Sole Source/Preferred Provider			

PRIOR CONTRACT HISTORY:

Cook County Health and Hospitals System (CCHHS) entered into a contract at the request of Department of Public Affairs to completely redesign the health system website. The Supply Chain Management department and the Office of Corporate Compliance also had web redesign requirements in order to support the need for information sharing and transparency. In an effort to be consistent and standardized, it was decided that the original vendor would be utilized for their web design as well. These services have included project management, application development, graphic design, content editing and writing. The original contract period was from 3/7/12 through 3/6/13 in the amount of \$37,525.00. The contract was amended by the System Director of Supply Chain Management on 6/6/12 for additional design work in the amount of \$53,000.00. On 9/28/12, the CCHHS Board approved an Amend, Extend and Increase in the amount of 109,126.00 and extended the contract to 7/31/13. The total amount on this contract was increased to \$199,651.00. Supply Chain Management requested increased capabilities for vendor registration, vendor tracking and reporting in the amount of \$35,425.00 and the Office of Corporate Compliance requested assistance with electronic learning management through the conversion of Captivated 6.0 software to achieve SCORM and AICC compliance in the amount of \$55,425.00 bringing the overall contract spend total to \$255,076.00.

NEW PROPOSAL JUSTIFICATION:

This new proposal is for website enhancements and maintenance for FY2013. This will include assistance with the upkeep of site content, website upgrades, troubleshooting & resolving technical issues on the website, design of promo & health observances banners. Carminati Consulting, Inc. will provide the development of enhancements which are currently featured on the website and the creation of new online forms and upkeep of existing forms.

TERMS OF REQUEST: extend, amend and increase

This request is to ~~amend and increase~~ contract number H12-72-0008 in the amount of \$100,000.00 for the period from 12/01/2012 through 11/30/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

Request #

4

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AS AMENDED

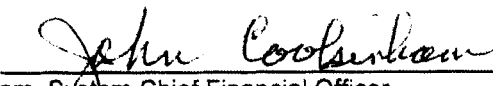
DATE: 01/07/2013		PRODUCT / SERVICE: Service-Professional Services - IT
TYPE OF REQUEST: <u>Extend</u> Amend and Increase Contract		VENDOR / SUPPLIER: Carminati Consulting, Inc., Chicago, IL
ACCOUNT 890-260	FISCAL IMPACT: \$100,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/01/2012 through 11/30/2013		CONTRACT NUMBER: H12-72-0008

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

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Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health & Hospitals System Board

Jorge Ramirez • Vice Chairman
Cook County Health & Hospitals System Board

Ram Raju MD, MBA, FACS, FACHE • CEO
Cook County Health & Hospitals System

Carol Schneider • COO
Cook County Health & Hospitals System
John H. Stroger, Jr. Hospital of Cook County



Health & Hospitals System Board Members

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Luis Muñoz, MD
Heather E. O'Donnell
Carmen Velasquez
Dorene P. Wiese, EdD

January 25, 2013

To: Deborah Santana, Secretary to the Board
Cook County Health and Hospitals System

From: Gina Besenhofer, System Director, Supply Chain Management
Cook County Health and Hospitals System

A handwritten signature in black ink, appearing to be "GB", located next to the "From:" line.

Re: Correction Memo
Carminati Consulting, Inc

The Board Approval Request for contract number H12-72-0008 was submitted to the Finance Committee of the Board of Directors of Cook County Health and Hospitals System on January 25, 2013. The transmittal contained the incorrect Terms of Request.

Request #4 should read:

Terms of Request:
Amend, Extend and Increase Contract

If additional information is needed, please feel free to contact me.

Thank you.

1901 West Harrison Street • Chicago, Illinois 60612 • (312) 864-6000 • TDD (312) 864-0100

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Susan Greene, Interim Director of Managed Care		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer	
DATE: 01/09/2013		PRODUCT / SERVICE: Service - Pharmacy Benefit Management Services	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Catamaran, Lisle, IL	
ACCOUNT 896-260		/FISCAL IMPACT: \$2,989,250.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 02/01/2013 thru 12/31/2013		CONTRACT NUMBER: H13-25-017	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Catamaran has no prior contract history with the Cook County Health and Hospitals System.

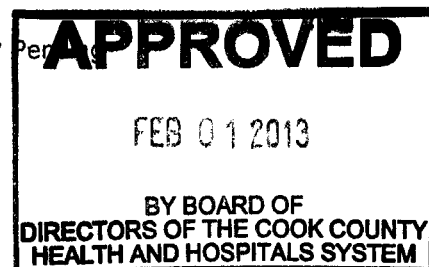
NEW PROPOSAL JUSTIFICATION:

Catamaran will provide and manage pharmacy benefits for individuals who will become newly eligible for the Medicaid program, CountyCare, to be carried out in Cook County pursuant to a waiver granted to the State of Illinois under Section 1115 of the Social Security Act. Services include: management of pharmacy benefit services for CountyCare, including prior authorization of high cost pharmaceuticals, access to a network of pharmacies, including 340B pharmacies under contract with FQHC network providers, adjudication and payment of claims to network pharmacies, electronic systems that will serve as a central repository for all CountyCare pharmacy data, submission of encounter data to the Third Party Administrator (TPA), receipt of eligibility information electronically from the TPA and transmission of this information to participating network pharmacies, data reporting on all network pharmaceutical utilization and the ability to work with CCHHS on provision of mail order refill services. This amount does not include the actual cost of claims.

TERMS OF REQUEST:

This is a request to execute contract number H13-25-017 in the amount of \$2,989,250.00 for the period from 02/01/2013 thru 12/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? ☒ Per



ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:
Carol Schneider, System Chief Operating Officer

CCHHS CFO:
John Cookinham, System Chief Financial Officer

Request #
5

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Revised 01/09/2012

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Robert Cohen, M.D., Director of Pulmonary, Critical Care and Sleep Medicine Claudia M. Fegan, M.D., Chief Medical Officer <i>CMPF</i>		EXECUTIVE SPONSOR: Terry Mason, M.D. System Chief Medical Officer <i>T. Mason</i>	
DATE: 01/04/2013		PRODUCT / SERVICE: Service – Sleep Laboratory Services	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Neurocare, Inc., Newton, MA	
ACCOUNT 897-2334 Stroger Hospital	FISCAL IMPACT: \$2,298,000.00	GRANT FUNDED AMOUNT: N/A	
CONTRACT PERIOD: 03/16/2013 thru 03/15/2016		CONTRACT NUMBER: H13-25-003	
X	COMPETITIVE SELECTION METHODOLOGY: RFP		
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Division of Pulmonary, Critical Care and Sleep Medicine at Stroger Hospital entered into a contract with Neurocare, Inc. on 03/15/2010 to provide three years of sleep laboratory services for John H. Stroger Jr. Hospital. The contract was later amended and increased to include services at the Oak Forest Campus and Provident Hospital.

NEW PROPOSAL JUSTIFICATION:

The Division of Pulmonary, Critical Care Medicine and Sleep Medicine provides out-patient sleep laboratory services at John H. Stroger Jr. Hospital and Oak Forest Health Center. Our current contract capacity allows us to provide laboratory sleep tests at an annual rate of 1020 tests at a cost of \$795 per test. Under the new contract, if approved, the Division of Pulmonary, Critical Care and Sleep Medicine will increase to a total potential capacity of 1386 sleep tests. Laboratory sleep tests will be at a rate of \$692 and portable testing at a cost of \$152 per test. This represents an increase in service of 35%.

A combination of testing services will be used. It will include laboratory and portable testing for inpatients and outpatients. Adding portable testing decreases cost and reduces the wait time for sleep testing and treatment for the patients in greatest need. Using a combination of portable and laboratory sleep tests will allow the Division to increase total potential capacity by 35% without increasing the total contract cost from the prior three year period. The cost of leaving this population untreated is an increased number of admissions to the hospital and our intensive care units for heart failure, respiratory failure and cor-pulmonale.

TERMS OF REQUEST:

This is a request to execute contract number H13-25-003 in the amount of \$2,298,000.00 for a period of 36 months from 03/16/2013 thru 03/15/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: *[Signature]*

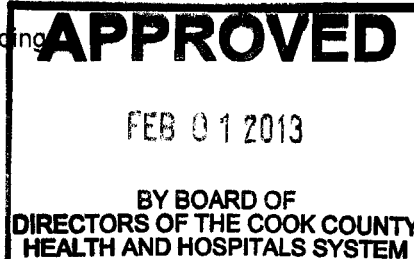
Carol Schneider, System Chief Operating Officer

CCHHS CFO: *[Signature]*

John Cookinham, System Chief Financial Officer

CCHHS CEO: *[Signature]*

Ram Raju, M.D., Chief Executive Officer



Request #

6

JAN 18 2013

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Marisa Kollias, Interim System Director of Public Affairs		EXECUTIVE SPONSOR: Ram Raju, M.D. Chief Executive Officer <i>[Signature]</i>	
DATE: 01/18/2013	PRODUCT / SERVICE: Service – Media Professional Services		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Jayne, Chicago, IL		
ACCOUNT 896-260	FISCAL IMPACT: \$800,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 2/1/2013 through 1/31/2014		CONTRACT NUMBER: H13-25-019	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:

None.

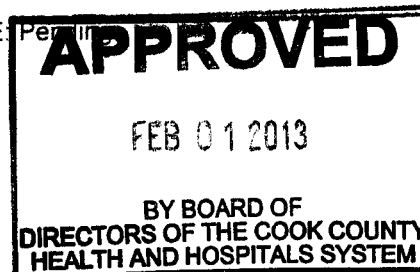
NEW PROPOSAL JUSTIFICATION:

CCHHS requires media services to assist CCHHS in communicating information about the CountyCare 1115 Waiver Demonstration Project ("CountyCare") to various target audiences. An RFP was issued and there were five respondents. Jayne Agency, LLC ("Contractor") was the successful proposer based on their media plan, assignment brief and user research approach. Contractor will develop and place media buys to engage targeted communities in order to facilitate an understanding of and enrollment in CountyCare. Contractor will also work with CCHHS to develop, refine and implement effective media purchases and free media through a variety of methods (e.g. print advertising, radio spots, commercials, web advertising, public service announcements, social media etc.).

TERMS OF REQUEST:

This request is to execute contract number H13-25-019 in the amount of \$800,000.00 for the period from 02/01/2013 through 01/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending



ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: *[Signature]*
 Carol Schneider, System Chief Operating Officer

CCHHS CFO: *[Signature]*
 John Cookinham, System Chief Financial Officer

Request #

7

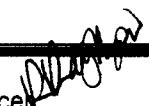
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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Joy Wykowski, Chief of Staff		EXECUTIVE SPONSOR: Ram Raju, M.D. Chief Executive Officer 
DATE: 01/18/2013	PRODUCT / SERVICE: Service – Outreach Campaign Professional Services	
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Prairie Group Consulting, Inc., Chicago, IL	
ACCOUNT 896-260	FISCAL IMPACT: \$500,000.00	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 2/1/2013 through 1/31/2014		CONTRACT NUMBER: H13-25-018
<input checked="" type="checkbox"/> X	COMPETITIVE SELECTION METHODOLOGY: RFP	
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A	

PRIOR CONTRACT HISTORY:
None.

NEW PROPOSAL JUSTIFICATION:

CCHHS has a need for Outreach Campaign Services due to the timeframe CCHHS has to implement the CountyCare 1115 Waiver Demonstration Project ("CountyCare") and begin enrollment of the estimated 250,000 individuals that will become eligible to participate in the CountyCare Program. CCHHS issued an RFP for Outreach Campaign Services and there were eight respondents. The Prairie Group Consulting, Inc. ("Contractor") was the successful proposer based on their submitted work plan. Contractor will develop and conduct promotional and educational events to engage targeted communities in order to facilitate an understanding of and enrollment in CountyCare. Contractor will also work with CCHHS to develop, refine and implement an effective outreach campaign strategy through a variety of methods (e.g. creating an advisory board; organizing a kick-off meeting; organizing a speakers' bureau; organizing and/or participating in community meetings, events, fairs and conferences; coordinating efforts with community organizations, faith based organizations, coalitions, neighborhood associations and local chambers of commerce etc.).

CCHHS also choose a separate proposer from the eight respondents to provide Hispanic Outreach Campaign Services and will enter into a separate contract with that proposer.

TERMS OF REQUEST:

This request is to execute contract number H13-25-018 in the amount of \$500,000.00 for the period 2/1/2013 through 01/31/2014.

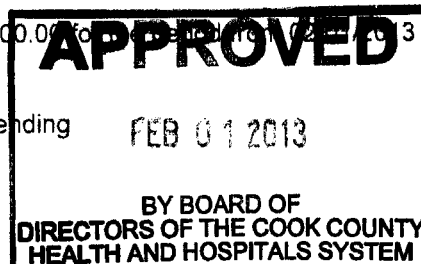
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

FEB 01 2013


ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending



CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

Request #
8

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Revised 01/09/2012

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Rhonda Yates, Director of Pharmacy <i>R4</i> Dr. Bala Hota, Chief Medical Information Officer/Interim Chief Information Officer <i>BH</i>		EXECUTIVE SPONSOR: Carol Schneider, System Chief Operating Officer <i>[Signature]</i>	
DATE: 01/07/2013		PRODUCT / SERVICE: Product - Equipment and Software Lease	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: CareFusion PYXIS, San Diego, CA	
ACCOUNT 890-637 CCHHS	FISCAL IMPACT: \$267,960.00	GRANT FUNDED AMOUNT: N/A	
CONTRACT PERIOD: 02/01/2013 thru 01/31/2018		CONTRACT NUMBER: H13-25-012	
COMPETITIVE SELECTION METHODOLOGY: N/A			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source /Preferred Provider			

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) utilizes the CareFusion PYXIS system to safely store and distribute medications throughout the health system. C2 Safe software and equipment that monitors and maintains controlled substances is only utilized at one facility.

NEW PROPOSAL JUSTIFICATION:

The Carefusion PYXIS equipment is necessary to meet regulatory requirements. The upgrade of the current equipment and software supporting the C2 Safe capabilities will provide connectivity to all current cabinets, and will provide closed-loop tracking of all controlled substances. The equipment will provide adequate Drug Enforcement Agency reporting capabilities, a Bio-ID user identification system, and enhanced medication tracking systems.

TERMS OF REQUEST:

This is a request to execute contract number H13-25-012 in the amount of \$267,960.00 for 60 months from 02/01/2013 thru 01/31/2018.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

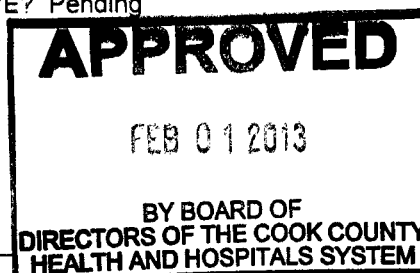
ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS CFO: *John Cookinham*
 John Cookinham, System Chief Financial Officer

CCHHS CEO: *Ram Raju*
 Ram Raju, M.D., Chief Executive Officer



Request #
9

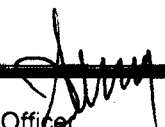
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Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Claudia M. Fegan, M.D. Chief Medical Officer		EXECUTIVE SPONSOR: Terry Mason, M.D., System Chief Medical Officer 	
DATE: 01/03/2013		PRODUCT / SERVICE: Service - Neonatology and Pediatric Services	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Holy Cross Hospital, Chicago, IL	
ACCOUNT: 897-272	FISCAL IMPACT: \$33,000.00 (Net Revenue)	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 02/08/2013 thru 02/07/2015		CONTRACT NUMBER: H13-25-015	
COMPETITIVE SELECTION METHODOLOGY: N/A			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider			

PRIOR CONTRACT HISTORY:

Cook County Health and Hospitals System currently have a contract with Holy Cross Hospital whereby Cook County Health and Hospitals System provides neonatology and newborn pediatric services at Holy Cross Hospital. Holy Cross Hospital pays Cook County Health and Hospitals System for this coverage. The current contract was approved by the Cook County Health & Hospitals System Board on 04/22/2010 for a three year term from 02/07/2010 thru 2/8/2013. This agreement will allow John H. Stroger Jr. Hospital to continue to provide twenty four hour (24) onsite neonatology and pediatric services for newborn patients at Holy Cross Hospital and also implements an arrangement to accomplish billing for these services.

NEW PROPOSAL JUSTIFICATION:

This request is to enter into a contract providing for payment to Cook County Health and Hospitals System in the amount of \$450,000.00 dollars annually, for a twenty four month (24) period from 02/08/2013 thru 02/07/2015. The payment amount is calculated on \$350,000.00 (for 24/7 admin coverage) + estimated \$100,000 (onsite Cook County Health and Hospitals System physician billing). Estimate is based on similar billing arrangements for neonatology and pediatric services. The expense is calculated to be \$417,000.00, derived from having neonatologist's onsite 24/7 for a total of 168 hours per week.

TERMS OF REQUEST:

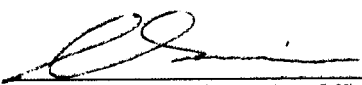
This request is to execute contract number H13-25-015 in the amount of \$450,000.00 dollars annually, for a twenty four month (24) period from 2/08/2013 thru 2/7/2015. The net revenue impact is \$33,000.00.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Not Applicable

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Not Applicable

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

APPROVED

FEB 01 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
10

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
January 25, 2013

ATTACHMENT #2

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health & Hospitals System Board

Jorge Ramirez • Vice Chairman
Cook County Health & Hospitals System Board

Ram Raju MD, MBA, FACS, FACHE • CEO
Cook County Health & Hospitals System



CCHHS

Health & Hospitals System Board Members

Commissioner Jerry Butler
Quin R. Golden
Edward L. Michael
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD
Heather E. O'Donnell
Carmen Velasquez
Dorene P. Wiese, EdD

Date: January 22, 2013

To: David Carvalho, Chairman
Board of Directors, Cook County Health and Hospitals System

Heather O'Donnell, Chairman
Finance Committee, Board of Directors, Cook County Health and Hospitals System

From: John Cookinham, System Chief Financial Officer

Subject: Action Items C.
Lease Schedules under replacement Master Lease Agreement with Banc of America
Leasing Corp and Capital Corp., LLC

In August 2010, pursuant to the authorization by this Board, the CCHHS entered into a replacement Master Lease Agreement with Banc of America Leasing and Capital Corp., LLC ("Banc of America") for the purposes of leasing capital equipment beginning in 2010. Under the Master Lease the parties may enter into Lease Schedules with respect to specific items of equipment to be leased.

Under the Master Lease, the interest rate for each Lease Schedule is based upon the three-year United States Treasury Maturity SWAP rate. The amounts payable under each lease schedule may therefore vary monthly depending upon changes in this indicator.

We are requesting your authorization to enter into and execute additional lease schedules and related agreements, as required, to permit CCHHS to lease the equipment listed on the FY 2013 List of Proposed Banc of America Equipment (Covered Equipment Attachment) attached to this memorandum.

The estimated maximum acquisition cost for the items on the Covered Equipment Attachment is \$11,951,398.14. This equipment will be leased pursuant to one or more lease schedules under the replacement Master Lease Agreement. The lease schedules shall have terms of 60 months and interest shall be based on the then-current SWAP rate. In the event Banc of America is required to make certain interim payments to the manufacturer at the time of the purchase and equipment delivery, a related agreement will be entered into with Banc of America, in addition to the applicable Lease Schedule, or will be included in the amounts due under the applicable lease schedule at the rate of PRIME minus 1%.

Under the lease schedules, control and use of the equipment will rest entirely with the Health System. The equipment is being acquired by Banc of America based on the Health System's specifications and acquisition pricing secured by the Health System.

APPROVED

FEB 01 2013

BY BOARD OF

DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

• Ambulatory & Community Health Network • Cermak Health Services • Public Health •
• John H. Stroger, Jr. Hospital • Oak Forest Health Center • Provident •

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FY 2013 - Proposed Banc of America Equipment

PACS TOTAL		PACS ANNUAL MAINTENANCE		RV%	
		2,767,137.40	0.016254	\$ 44,977.05	8-10%
		1,400,000.00	0.017638	\$ 24,693.20	0%
		</			

GE	1	Discovery XR656	\$	367,978.75	\$	367,978.75	0.015001	\$	5,520.05	14-18%
GE	1	Precision Rxi	\$	391,835.26	\$	391,835.26	0.015001	\$	5,877.92	14-18%
GE	1	Definium 5000	\$	155,657.50	\$	155,657.50	0.015001	\$	2,335.02	14-18%
GE PACS	60	Centricity PACS License - Includes ALL core Centricity PACS licenses		246,750.00	\$	246,750.00	0.016254	\$	4,010.67	14-18%
GE PACS	1	Centricity Clinical Gateway (CCG) Software for PACS - Two Threads Included		16,450.00	\$	16,450.00	0.016254	\$	267.38	
GE PACS	1	Centricity Clinical Gateway (CCG) Test Software		\$2,350.00	\$	2,350.00	0.016254	\$	38.20	
GE PACS	2	Centricity Clinical Gateway SQL License		\$11,900.00	\$	11,900.00	0.016254	\$	193.42	
GE PACS	1	EA 4.0 ILM >250K Annual exams		\$61,687.50	\$	61,687.50	0.016254	\$	1,002.67	
GE PACS	1	Centricity PACS Mammography Module - one concurrent user		\$23,500.00	\$	23,500.00	0.016254	\$	381.97	
GE PACS	1	RA600 v8.0 Standard Software - Seat License		\$7,050.00	\$	7,050.00	0.016254	\$	114.59	
GE PACS	1	RA600 v8.0 Data Acquisition Software Module - Seat Based License		\$2,961.00	\$	2,961.00	0.016254	\$	48.13	
GE PACS	1	RA600 v8.0 Quality Control Software - Seat Based License		\$6,298.00	\$	6,298.00	0.016254	\$	102.37	
GE PACS	2	EA Virtual Archive License		\$20,772.73	\$	20,772.73	0.016254	\$	337.64	
GE PACS	4	TALK EXTEND 1 ADDER SW/ONLY		\$3,760.00	\$	3,760.00	0.016254	\$	61.12	
GE PACS	1	PACShealth Base Software		\$19,448.81	\$	19,448.81	0.016254	\$	316.12	
GE PACS	310	PACShealth Volume License		\$39,494.00	\$	39,494.00	0.016254	\$	641.94	
GE PACS	1	PACShealth - MS SQL 2012		\$1,789.29	\$	1,789.29	0.016254	\$	29.08	
GE PACS	1	HP G7 CCG Server		\$4,482.40	\$	4,482.40	0.016254	\$	72.86	
GE PACS	5	HP G7 DAS Server		\$20,156.50	\$	20,156.50	0.016254	\$	327.62	
GE PACS	2	HP G8 EA Server		\$13,749.06	\$	13,749.06	0.016254	\$	223.48	
GE PACS	2	EA 4.0 3rd Party License		\$4,700.00	\$	4,700.00	0.016254	\$	76.39	
GE PACS	1	PACShealth Server		\$5,938.40	\$	5,938.40	0.016254	\$	96.52	
GE PACS	1	EMC Centera 2TB Drive Lower Base - 50 TB Usable		\$115,694.80	\$	115,694.80	0.016254	\$	1,880.50	
GE PACS	2	EMC Centera 2TB Drive Upper Base - 50 TB Usable		\$198,187.60	\$	198,187.60	0.016254	\$	3,221.34	
GE PACS	1	EMC Centera 2TB Drive Expansion - 50 TB Usable		\$93,720.90	\$	93,720.90	0.016254	\$	1,523.34	
GE PACS	1	HP Rack 42U		\$5,134.66	\$	5,134.66	0.016254	\$	83.46	
GE PACS	1	16 Port KVM		\$909.00	\$	909.00	0.016254	\$	14.77	
GE PACS	1	HP Rack Mount Combo Display		\$850.00	\$	850.00	0.016254	\$	13.82	
GE PACS	6	Console Cable		\$577.98	\$	577.98	0.016254	\$	9.39	
GE PACS	3	Cisco C2910 24 Port Switch		\$12,696.00	\$	12,696.00	0.016254	\$	206.36	
GE PACS	1	HP Z620 - Dedicated RA600 workstations		\$2,396.18	\$	2,396.18	0.016254	\$	38.95	
GE PACS	1	Barco 2120		\$1,149.00	\$	1,149.00	0.016254	\$	18.68	
GE PACS		HP Z620 - workstations for existing scanners at Stroger		\$0.00	\$	-	0.016254	\$	-	
GE PACS		Barco 2120		\$0.00	\$	-	0.016254	\$	-	
GE PACS	3	HP Z620 - Tech workstation		\$7,188.54	\$	7,188.54	0.016254	\$	116.84	
GE PACS	3	Barco 2120		\$3,447.00	\$	3,447.00	0.016254	\$	56.03	
GE PACS	3	HP Z620 - VIEWING		\$10,321.80	\$	10,321.80	0.016254	\$	167.77	
GE PACS	3	Barco 2X3MP Corionis Grayscale		\$34,811.04	\$	34,811.04	0.016254	\$	565.82	
GE PACS		HP Z620 - Viewing*		\$0.00	\$	-	0.016254	\$	-	
GE PACS		Barco 2X3MP Corionis Grayscale*		\$0.00	\$	-	0.016254	\$	-	
GE PACS	3	HP Z620 - DIAGNOSTIC		\$10,321.80	\$	10,321.80	0.016254	\$	167.77	
GE PACS	3	Barco 2X5MP Corionis		\$53,625.00	\$	53,625.00	0.016254	\$	871.62	
GE PACS	3	Barco Video card		\$3,295.50	\$	3,295.50	0.016254	\$	53.57	
GE PACS	6	Barco 2120 Color Monitor		\$6,894.00	\$	6,894.00	0.016254	\$	112.06	
GE PACS		CD/DVD Burners		\$	\$	-	0.016254	\$	-	
GE PACS	1	DMC EZ 550		\$28,420.00	\$	28,420.00	0.016254	\$	461.94	
GE PACS	3	DMC EZ 500 DVD Media Kit		\$1,524.00	\$	1,524.00	0.016254	\$	24.77	
GE PACS	3	DMC EZ 500 CD Media Kit		\$1,200.00	\$	1,200.00	0.016254	\$	19.50	
GE PACS		AW Server		\$	\$	-	0.016254	\$	-	
GE PACS	1	AW Server 16K XL Package		\$101,831.73	\$	101,831.73	0.016254	\$	1,655.17	
GE PACS	1	AW CT Vascular - 3 Floating licenses		\$33,075.00	\$	33,075.00	0.016254	\$	537.60	

GE PACS	1	AW Server On Line Training Course	\$545.00	\$	545.00	0.016254	\$	8.86	
GE PACS	1	AW Server Advance Installation	\$1,200.00	\$	1,200.00	0.016254	\$	19.50	
GE PACS	1	PACS Integration Services	\$0.00	\$	-	0.016254	\$	-	
GE PACS	3	AW Server 2 Days On Site Applications	\$10,800.00	\$	10,800.00	0.016254	\$	175.54	
GE PACS	8	Centricity PACS ITPS Project Management Services	\$20,160.00	\$	20,160.00	0.016254	\$	327.68	
GE PACS	3	Centricity CCG ITPS - 1 Interface	\$37,800.00	\$	37,800.00	0.016254	\$	614.40	
GE PACS	1	Centricity CCG ITPS - Test server integration	\$14,500.00	\$	14,500.00	0.016254	\$	235.68	
GE PACS	8	Centricity PACS ITPS Clinical Workflow Configuration	\$16,000.00	\$	16,000.00	0.016254	\$	260.06	
GE PACS	23	GE IT Professional Services - DICOM Services	\$7,935.00	\$	7,935.00	0.016254	\$	128.98	
GE PACS	2	Custom RIS Integration	\$5,520.00	\$	5,520.00	0.016254	\$	89.72	
GE PACS	4	Centricity EA or Web Integration ITPS Services	\$9,600.00	\$	9,600.00	0.016254	\$	156.04	
GE PACS	4	GE Healthcare Upgrade Service during Standard Business Hours	\$15,040.00	\$	15,040.00	0.016254	\$	244.46	
GE PACS	1	GE ITPS Storage Integration for Upgrades	\$3,000.00	\$	3,000.00	0.016254	\$	48.76	
GE PACS	1	Centricity PACS Network Foundation Package	\$8,400.00	\$	8,400.00	0.016254	\$	136.53	
GE PACS	1	RA600 Software Installation	\$500.00	\$	500.00	0.016254	\$	8.13	
GE PACS	4	PACS Training - 2 days on site	\$16,000.00	\$	16,000.00	0.016254	\$	260.06	
GE PACS	1	EA ILM Training	\$3,150.00	\$	3,150.00	0.016254	\$	51.20	
GE PACS	1	Move of HP NAS's to Oak Forest and Provident	\$5,000.00	\$	5,000.00	0.016254	\$	81.27	
GE PACS	1	Migration of images* to enterprise archive	\$30,000.00	\$	30,000.00	0.016254	\$	487.62	
GE PACS	1	PACSHHealth Implementation	\$12,000.00	\$	12,000.00	0.016254	\$	195.05	
GE PACS	1	PACSHHealth Training	\$2,400.00	\$	2,400.00	0.016254	\$	39.01	
Provident	2	SELENIA DIMENSIONS 2D WITH AWS 8000	\$	\$	490,000.00				
Provident	2	R2LIC-2032	\$	\$	57,000.00				
Provident	1	AXWH-SYS-0100	\$	\$	18,500.00				
Provident	1	SXCH-SYS-100	\$	\$	19,000.00				
Provident	1	8966236	\$	\$	17,775.00				
Provident	1	ASY-02452	\$	\$	-				
Provident	7	ASY-04662	\$	\$	2,380.00				
Provident	2	Mammography Trade-In Allowance	\$	\$	(6,000.00)				
Provident	1	R2PROMIO-1012+HD	\$	\$	40,000.00				
GE	1	Optima XR 220 amx	\$	\$	158,100.00		0.015460493	9,873.92	10-14%
GE	1	Precision RX1	\$	\$	350,172.10		0.015001	2,371.66	14-18%
GE	1	Optima CT 660	\$	\$	507,328.65		0.015001	5,252.93	14-18%
GE	1	Proteus xRA	\$	\$	507,328.65		0.015001	7,610.44	14-18%
GE	1	Proteus xRA	\$	\$	173,872.90		0.015001	2,608.27	14-18%
GE	1	Vivid E9 17 inch 4D BT12	\$	\$	173,872.90		0.015001	2,608.27	14-18%
GE	1	Discovery NM630 w/Xeleris 3 Work Station	\$	\$	178,315.00		0.016248	2,897.26	8-10%
GE	1	Centricity PACS License - Includes ALL core Centricity PACS licenses	\$	\$	276,520.73		0.015315	4,234.91	14-16%
GE PACS	75	Centricity Clinical Gateway (CCG) Software for PACS - Two Threads Included	\$	\$	308,437.50		0.016254	5,013.34	
GE PACS	1	Centricity Clinical Gateway SQL License	\$	\$	16,450.00		0.016254	267.38	
GE PACS	1	Centricity PACS Mammography Module - one concurrent user	\$	\$	5,950.00		0.016254	96.71	
GE PACS	2	RA600 v8.0 Standard Software - Seat License	\$	\$	47,000.00		0.016254	763.94	
GE PACS	1	RA600 v8.0 Data Acquisition Software Module - Seat Based License	\$	\$	7,050.00		0.016254	114.59	
GE PACS	1	RA600 v8.0 Quality Control Software - Seat Based License	\$	\$	2,961.00		0.016254	48.13	
GE PACS	1	TALK EXTEND 1 ADDER SW/ONLY	\$	\$	6,298.00		0.016254	102.37	
GE PACS	5	HP G7 CCG Server	\$	\$	4,700.00		0.016254	76.39	
GE PACS	2	HP G7 DAS Server	\$	\$	8,964.80		0.016254	145.71	
GE PACS	5	HP Rack 42U	\$	\$	\$20,156.50		0.016254	327.62	
GE PACS	1	16 Port KVM	\$	\$	5,134.66		0.016254	83.46	
GE PACS	1	HP Rack Mount Combo Display	\$	\$	\$909.00		0.016254	14.77	
GE PACS	1		\$	\$	\$850.00		0.016254	13.82	

GE PACS	6	Console Cable	\$577.98	\$	577.98	0.016254	\$	9.39
GE PACS	3	Cisco C2910 24 Port Switch	\$12,696.00	\$	12,696.00	0.016254	\$	206.36
GE PACS		Hardware - Workstations				0.016254	\$	-
GE PACS	1	HP Z620 - Dedicated RA600 workstations	\$2,396.18	\$	2,396.18	0.016254	\$	38.95
GE PACS	1	Barco 2120	\$1,149.00	\$	1,149.00	0.016254	\$	18.68
GE PACS	3	HP Z620 - Tech workstation	\$7,188.54	\$	7,188.54	0.016254	\$	116.84
GE PACS	3	Barco 2120	\$3,447.00	\$	3,447.00	0.016254	\$	56.03
GE PACS	3	HPZ620 - VIEWING	\$10,321.80	\$	10,321.80	0.016254	\$	167.77
GE PACS	3	Barco 2X3MP Corosis Grayscale	\$34,811.04	\$	34,811.04	0.016254	\$	565.82
GE PACS	3	HPZ620 - DIAGNOSTIC	\$10,321.80	\$	10,321.80	0.016254	\$	167.77
GE PACS	3	Barco 2X5MP Corosis	\$53,625.00	\$	53,625.00	0.016254	\$	871.62
GE PACS	3	Barco Video card	\$3,295.50	\$	3,295.50	0.016254	\$	53.57
GE PACS	6	Barco 2120 Color Monitor	\$6,894.00	\$	6,894.00	0.016254	\$	112.06
GE PACS		CD/DVD Burners				0.016254	\$	-
GE PACS	2	DMC EZ 550	\$56,840.00	\$	56,840.00	0.016254	\$	923.88
GE PACS	3	DMC EZ 500 DVD Media Kit	\$1,524.00	\$	1,524.00	0.016254	\$	24.77
GE PACS	3	DMC EZ 500 CD Media Kit	\$1,200.00	\$	1,200.00	0.016254	\$	19.50
GE PACS		Digitizer				0.016254	\$	-
GE PACS	1	Mammo Digitizer	\$35,700.00	\$	35,700.00	0.016254	\$	580.27
GE PACS		CR				0.016254	\$	-
GE PACS	1	Agfa NX CR 30-X Single Plate Standard Pak 1 CR System	\$65,885.51	\$	65,885.51	0.016254	\$	1,070.90
GE PACS	1	Agfa DX-S Detector	\$4,559.87	\$	4,559.87	0.016254	\$	74.12
GE PACS	1	Agfa CR Full Leg Full Spine Anit Scatter Grid	\$1,800.00	\$	1,800.00	0.016254	\$	29.26
GE PACS	12	Agfa CR Cassette & Image Plate Set - 18 x 24 cm -	\$6,228.00	\$	6,228.00	0.016254	\$	101.23
GE PACS	1	Agfa CR 30 Integrated workflow software	\$2,640.00	\$	2,640.00	0.016254	\$	42.91
GE PACS	8	Agfa CR Cassette & Image Plate Set - 24 x 30 cm	\$6,004.80	\$	6,004.80	0.016254	\$	97.60
GE PACS	8	Agfa CR HR Cassette & Image Plate Set - 35 x 43 cm - E/JA2	\$10,848.00	\$	10,848.00	0.016254	\$	176.32
GE PACS		Agfa CR On Site Applications 1 Day				0.016254	\$	-
GE PACS	7	Centricity PACS ITPS Project Management Services	\$17,640.00	\$	17,640.00	0.016254	\$	286.72
GE PACS	3	Centricity CCG ITPS - 1 Interface	\$37,800.00	\$	37,800.00	0.016254	\$	614.40
GE PACS	8	Centricity PACS ITPS Clinical Workflow Configuration	\$16,000.00	\$	16,000.00	0.016254	\$	260.06
GE PACS	20	GE IT Professional Services - DICOM Services	\$6,900.00	\$	6,900.00	0.016254	\$	112.15
GE PACS	2	Custom RIS Integration	\$5,520.00	\$	5,520.00	0.016254	\$	89.72
GE PACS	4	GE Healthcare Upgrade Service during Standard Business Hours	\$15,040.00	\$	15,040.00	0.016254	\$	244.46
GE PACS	1	GE ITPS Storage Integration for Upgrades	\$2,900.00	\$	2,900.00	0.016254	\$	47.14
GE PACS	1	RA600 Software Installation	\$500.00	\$	500.00	0.016254	\$	8.13
GE PACS	4	PACS Training - 2 days on site	\$16,000.00	\$	16,000.00	0.016254	\$	260.06
GE PACS		EA ILM Training				0.016254	\$	51.20
GE PACS	1	Move of HP NAS's to Oak Forest and Provident	\$5,000.00	\$	5,000.00	0.016254	\$	81.27
GE PACS		Centricity PACS License - Includes ALL core Centricity PACS licenses				0.016254	\$	-
GE PACS	5	Centricity Clinical Gateway (CCG) Software for PACS - Two Threads	\$20,562.50	\$	20,562.50	0.016254	\$	334.22
GE PACS	1	Included	\$16,450.00	\$	16,450.00	0.016254	\$	267.38
GE PACS	1	Centricity Clinical Gateway SQL License	\$5,950.00	\$	5,950.00	0.016254	\$	96.71
GE PACS	1	Centricity PACS Mammography Module - one concurrent user	\$23,500.00	\$	23,500.00	0.016254	\$	381.97
GE PACS	1	RA600 v8.0 Standard Software - Seat License	\$7,050.00	\$	7,050.00	0.016254	\$	114.59
GE PACS	1	RA600 v8.0 Data Acquisition Software Module - Seat Based License	\$2,961.00	\$	2,961.00	0.016254	\$	48.13
GE PACS	1	RA600 v8.0 Quality Control Software - Seat Based License	\$6,298.00	\$	6,298.00	0.016254	\$	102.37
GE PACS	2	TALK EXTEND 1 ADDER SW/ONLY	\$1,880.00	\$	1,880.00	0.016254	\$	30.56
GE PACS	1	HP G7 CCG Server	\$4,482.40	\$	4,482.40	0.016254	\$	72.86
GE PACS	1	HP G7 DAS Server	\$4,031.30	\$	4,031.30	0.016254	\$	65.52
GE PACS	1	HP Rack 42U	\$5,134.66	\$	5,134.66	0.016254	\$	83.46
GE PACS	1	16 Port KVM	\$909.00	\$	909.00	0.016254	\$	14.77

1	GE PACS	HP Rack Mount Combo Display	\$850.00	\$	850.00	0.016254	\$	13.82
1	GE PACS	Console Cable	\$96.33	\$	96.33	0.016254	\$	1.57
1	GE PACS	HP Z620 - Dedicated RA600 workstations	\$2,396.18	\$	2,396.18	0.016254	\$	38.95
1	GE PACS	Barco 2120	\$1,149.00	\$	1,149.00	0.016254	\$	18.68
5	GE PACS	HP Z620 - workstations for existing scanners at Stroger	\$11,980.90	\$	11,980.90	0.016254	\$	194.74
5	GE PACS	Barco 2120	\$5,745.00	\$	5,745.00	0.016254	\$	93.38
4	GE PACS	HPZ620 - Viewing*	\$13,762.40	\$	13,762.40	0.016254	\$	223.69
4	GE PACS	Barco 2X3MP Coronis Grayscale*	\$46,414.72	\$	46,414.72	0.016254	\$	754.42
3	GE PACS	HPZ620 - DIAGNOSTIC	\$10,321.80	\$	10,321.80	0.016254	\$	167.77
3	GE PACS	Barco 2X5MP Coronis	\$53,625.00	\$	53,625.00	0.016254	\$	871.62
3	GE PACS	Barco Video card	\$3,295.50	\$	3,295.50	0.016254	\$	53.57
7	GE PACS	Barco 2120 Color Monitor	\$8,043.00	\$	8,043.00	0.016254	\$	130.73
	GE PACS	CD/DVD Burners		\$	-	0.016254	\$	
2	GE PACS	DMC EZ 550	\$56,840.00	\$	56,840.00	0.016254	\$	923.88
3	GE PACS	DMC EZ 500 DVD Media Kit	\$1,524.00	\$	1,524.00	0.016254	\$	24.77
3	GE PACS	DMC EZ 500 CD Media Kit	\$1,200.00	\$	1,200.00	0.016254	\$	19.50
1	GE PACS	Mammo Digitizer	\$35,700.00	\$	35,700.00	0.016254	\$	580.27
3	GE PACS	Centricity CCG ITPS - 1 Interface	\$37,800.00	\$	37,800.00	0.016254	\$	614.40
2	GE PACS	Centricity PACS ITPS Clinical Workflow Configuration	\$4,000.00	\$	4,000.00	0.016254	\$	65.02
2	GE PACS	GE IT Professional Services - DICOM Services	\$690.00	\$	690.00	0.016254	\$	11.22
2	GE PACS	GE Healthcare Upgrade Service during Standard Business Hours	\$7,520.00	\$	7,520.00	0.016254	\$	122.23
1	GE PACS	RA600 Software Installation	\$500.00	\$	500.00	0.016254	\$	8.13
0	GE PACS	EA ILM Training	\$3,150.00	\$	3,150.00	0.016254	\$	51.20
			\$ 11,951,398.14	\$			\$	183,297.22

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
January 25, 2013

ATTACHMENT #3

RESOLUTION

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35 established the Cook County Health and Hospitals System (CCHHS or "System"); and

WHEREAS, the Ordinance established the Cook County Health and Hospitals System Board of Directors and delegated governance of the System to that Board; and

WHEREAS, the Cook County Health and Hospitals System Board of Directors has legal authority to authorize its departments and officers to open and maintain checking and/or savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and/or savings accounts; and

WHEREAS, the checking and/or savings accounts for the John H. Stroger, Jr. Hospital of the Cook County Health and Hospital System at the JP Morgan Chase Bank, for the following purposes, be updated for the Grant Funds Account; and

NOW THEREFORE BE IT RESOLVED THAT:

The following are the names of those persons who are authorized to sign checks on these checking and/or savings accounts and that the signatures of at least two (2) of these persons shall be required on each check:

1. Terry Mason
2. John Cookinham
3. John Morales

and that the following person be deleted as a signatory:

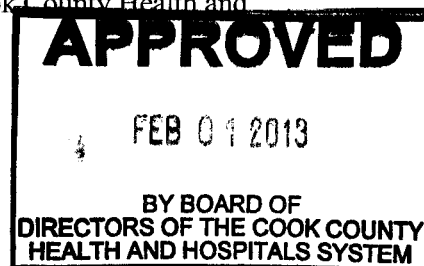
1. Michael Ayres

BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health and Hospitals Board.

BE IT FURTHER RESOLVED THAT, any funds drawn on said checking and/or savings accounts for deposit with the County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved on February 1, 2013 by the Board of Directors of the Cook County Health and Hospitals System.



RESOLUTION

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35 established the Cook County Health and Hospitals System (CCHHS or "System"); and

WHEREAS, the Ordinance established the Cook County Health and Hospitals System Board of Directors and delegated governance of the System to that Board; and

WHEREAS, the Cook County Health and Hospitals System Board of Directors has legal authority to authorize its departments and officers to open and maintain checking and/or savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and/or savings accounts; and

WHEREAS, the checking and/or savings accounts for the John H. Stroger, Jr. Hospital of the Cook County Health and Hospital System at the JP Morgan Chase Bank, for the following purposes, be updated for the Physician Services Account; and

NOW THEREFORE BE IT RESOLVED THAT:

The following are the names of those persons who are authorized to sign checks on these checking and/or savings accounts and that the signatures of at least two (2) of these persons shall be required on each check:

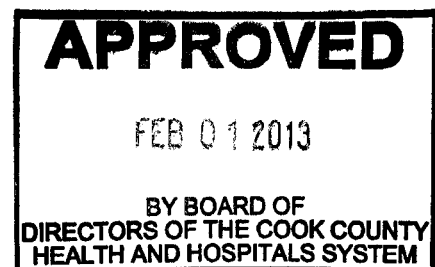
1. Terry Mason
2. John Cookinham
3. John Morales

and that the following persons be deleted as a signatory:

1. Michael Ayres

BE IT FURTHER RESOLVED THAT, the following are the names of those persons who are authorized to wire or otherwise transfer funds from the Cook County Health and Hospitals System accounts to other County of Cook bank accounts:

1. Ardis Brown
2. Steven Kulhanek
3. Percy C. Moss, III
4. Kamlesh Thakrar
5. Kelli Thomas
6. Dena Townsend



BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health and Hospitals Board.

BE IT FURTHER RESOLVED THAT, any funds drawn on said checking and/or savings accounts for deposit with the County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved on February 1, 2013 by the Board of Directors of the Cook County Health and Hospitals System.

Resolution

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35 established the Cook County Health and Hospitals System (CCHHS or "System"); and

WHEREAS, the Ordinance established the Cook County Health and Hospitals System Board of Directors and delegated governance of the System to that Board; and

WHEREAS, the Cook County Health and Hospitals System Board of Directors has legal authority to authorize its departments and officers to open and maintain checking and/or savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and/or savings accounts and to update those persons who are authorized to make wire transfers on these checking and/or savings accounts; and

WHEREAS, the checking and/or savings accounts for the Oak Forest Health Center of the Cook County Health and Hospital System at the JP Morgan Chase Bank, for the following purposes, be updated for the General Fund Account; and

NOW THEREFORE BE IT RESOLVED THAT:

The following are the names of those persons who are authorized to sign checks on these checking and/or savings accounts and that the signatures of at least two (2) of the persons shall be required on each check:

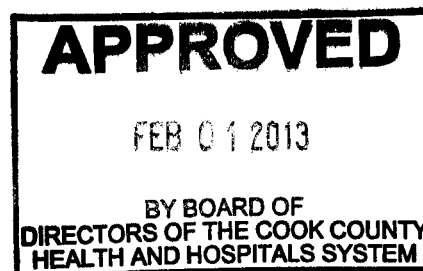
1. John Cookinham
2. Thomas J. Dohm
3. Dorothy Loving

and that the following person be deleted as a signatory:

1. Sylvia Edwards

BE IT FURTHER RESOLVED THAT, the following are the names of those persons who are authorized to wire or otherwise transfer funds from the Oak Forest Hospital of Cook County accounts to other County of Cook bank accounts:

1. Ardis Brown
2. Theresa Koswenda
3. Steven Kulhanek
4. Percy C. Moss, III
5. Kamlesh Thakrar
6. Kelli Thomas
7. Dena Townsend



BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health and Hospitals Board.

BE IT FURTHER RESOLVED THAT, any funds drawn on said checking and/or savings accounts for deposit with the County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved on February 1, 2013 by the Board of Directors of the Cook County Health and Hospitals System.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
January 25, 2013

ATTACHMENT #4

Cook County Health and Hospitals System

Financial Statements

Year To Date December 31, 2012

As of January 22, 2013

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended December 31, 2012 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended December 31, 2012. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the 1115 Waiver. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An 1115 Waiver allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently

eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the month with overall revenue of \$49,110 and overall expenses was \$75,820.

Net Patient revenue for the month was \$31,176.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$204. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System Only

General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of December-2012 reduced by 6 to 116 days. The 6 day decrease in this figure, as compared to the previous month's figure, is due largely to the continued implementation of the following factors:

- Movement of accounts with undeliverable addresses to the collection agency;
- Correction of pharmacy charging issues; and
- Transition of patients previously covered under the LOL program to the Carelink program.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts fell by \$7.644M (2.6%) as compared to the November-2012 balance. This figure has declined in ten (10) out of the last eleven (11) months. The overall decline in this figure indicates an increasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS claims on a per-diem and Medicare pays CCHHS on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Inpatient Accounts Receivable – BEPA System Only

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of December-2012 decreased by \$0.342M (3.9%) as compared the November 30, 2012 balance. This indicates that more inpatient accounts are moving to a “Billed” status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS’ claims on a per-diem and Medicare pays CCHHS’ claims on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections.

Billed Inpatient Accounts

Billed inpatient accounts at the end of December-2012 decreased by \$3.217M (2.1%) as compared to the November 30, 2012 balance.

The decrease in this number indicates more accounts had the collection process completed than in the previous month and that more accounts are being removed from active accounts receivable. CCHHS’ collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays on a per-diem and Medicare pays on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Outpatient Accounts Receivable – BEPA System Only

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts increased by \$1.020M (5.9%) by the end of December-2012, as compared to the level of unbilled accounts as of November 30, 2012. Fewer outpatient accounts are moving to a “Billed” status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of December-2012 fell by \$4.427M (3.2%) over the balance as of November 30, 2012.

The reduction in this figure, as compared to the prior month's balance, indicates a greater number of Out-Patient accounts had their collection and write-off related activities completed.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for December-2012	Value of Accounts for December -2012	Cumulative Number of Accounts Through December -2012	Cumulative Value of Accounts Through December -2012
In-Patient	611	\$ 8.154 M	611	\$ 8.154 M
Out-Patient	27,696	\$ 13.533 M	27,696	\$ 13.533 M
Totals	28,307	\$ 21.688 M	28,307	\$ 21.688 M

Operating Expenses at the end of the month was \$75.820M broken down as follows:

Salaries and Wages - \$43.642M

Benefits - \$11.316M

Supplies - \$2.332M.

Purchased Services, Rental, and Other - \$12.740M

Depreciation - \$3.281M

Utilities - \$0.129M

Insurance - \$2.381M

Nonoperating Revenue was \$17.730M. The largest portions of this are attributed to sales tax in the amount of \$5.863M and property tax in the amount of \$7.352M. As of report date, Cook County has not recorded the cigarette tax revenue for the month of December. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

**Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2013**

**Vista Report December-2012
BEPA**

Inpatient

In-house	ALPHA-IN	\$	10,694,624.53
Discharged Not Final Billed	ALPHA-DI	\$	8,483,063.30
Billed	ATB	\$	153,028,241.07
Total Inpatient Asccounts Receivable		\$	172,205,928.90

Outpatient

Unbilled	<u>OP@EXCEP</u>	\$	18,351,510.68
Billed	Calculation	\$	134,201,903.14
Total Outpatient Accounts Receivable	OP-ATB	\$	152,553,413.82

Combined Inpatient and Outpatient A/R

Unbilled		\$	37,529,198.51
Billed		\$	287,230,144.21
Total IP and OP Accounts Receivable		\$	324,759,342.72
Average Daily Revenue	ADM-CIS	\$	2,797,555.00

Days of Revenue Outstanding 116

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
December 31, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	1115 Waiver	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	520	1	521	104	205			829	0			830
Cash held by Cook Co Treas	599,020		599,020	81,070	143,438			823,529	118,905		(942,434)	
Due from working cash fund	60,252	34,607	94,859					94,859			(2,262)	92,597
Total cash & cash equivalent	659,792	34,608	694,400	81,174	143,643			919,217	118,905		(944,696)	93,427
Property taxes receivable:												
Tax levy - current year	2,337	2,755	5,093	435	417		236	6,181	672			6,853
Tax levy - prior year	31,415	36,273	67,688	5,916	5,765		3,121	82,491	8,987			91,478
Total property taxes rec	33,752	39,028	72,781	6,351	6,182		3,357	88,671	9,660			98,331
Receivables:												
Patient AR-net of allowances	78,926		78,926	1,708	3,058			83,692				83,692
Third-party settlements				23	65			87				87
Other receivables	531	11	542	0	55		0	597		1		598
Due from State - sales taxes	4,177	4,602	8,779	1,238	2,015		400	12,432	1,692	3,466		17,590
Total receivables	83,634	4,613	88,247	2,968	5,193		400	96,809	1,692	3,467		101,968
Inventories	4,229		4,229	121	477			4,827		834		5,661
TOTAL CURRENT ASSETS	781,407	78,249	859,657	90,614	155,495		3,758	1,109,524	130,257	4,302	(944,696)	299,387
CAPITAL ASSETS:												
Depreciable assets - net	361,119	4,829	365,948	24,961	21,400		17,523	429,831	2,111	741		432,682
TOTAL ASSETS	1,142,526	83,079	1,225,604	115,575	176,895		21,280	1,539,354	132,368	5,042	(944,696)	732,069

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
December 31, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	1115 Waiver	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET ASSETS												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		128,363	128,363			31	764,666	893,060		51,635	(944,696)	(0)
Accounts payable	3,341	179	3,521	342	2,574		12,730	19,167	563	174		19,904
Accrued salaries, wages, & other liabilities	1,849	255	2,104	45	186		257	2,592		210		2,802
Compensated absences	27,908	3,669	31,577	508	3,256		3,780	39,121	1,175	2,648		42,944
Deferred revenues	65,817		65,817		10,745			76,563				76,563
Third-party settlements	2,005		2,005					2,005				2,005
Due to others				11				11				11
Interacct payable (receivable)	(41,258)	180,569	139,311	(7,967)	32,268		(169,880)	(6,268)	2	6,267		
TOTAL CURRENT LIABILITIES	59,663	313,036	372,699	(7,062)	49,029	31	611,553	1,026,251	1,739	60,934	(944,696)	144,228
LONG-TERM LIABILITIES:												
Reserve-tax objection suits	4,254	2,540	6,795	1,016	1,307		247	9,364	1,081			10,446
TOTAL LIABILITIES	63,918	315,576	379,494	(6,045)	50,336	31	611,800	1,035,615	2,820	60,934	(944,696)	154,674
NET ASSETS:												
Investment in capital assets	361,119	4,829	365,948	24,961	21,400		17,523	429,831	2,111	741		432,682
Beginning balance	732,675	(247,172)	485,503	97,353	106,356		(594,744)	94,468	127,387	(53,713)		168,143
Bond depreciation	1,905	848	2,754	213	31		250	3,247	17	18		3,281
Excess revenue (expenses)	(17,091)	8,997	(8,094)	(907)	(1,228)	(31)	(13,547)	(23,807)	33	(2,937)		(26,711)
Ending balance	1,078,608	(232,497)	846,111	121,620	126,559	(31)	(590,520)	503,739	129,548	(55,892)		577,396
TOTAL LIABILITIES & NET ASSETS	1,142,526	83,079	1,225,604	115,575	176,895	0	21,280	1,539,354	132,368	5,042	(944,696)	732,069

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
December 31, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	1115 Waiver	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	18,085	11,041	29,126	19	2,032			31,176			31,176
Other revenue	109	69	177	27				204			204
Total Revenue:	18,194	11,110	29,303	45	2,032			31,380			31,380
OPERATING EXPENSES:											
Salaries and wages	27,896	3,911	31,807	698	2,912	31	4,044	39,492	864	3,286	43,642
Employee benefits	6,755	929	7,684	824	775	0	970	10,253	272	791	11,316
Supplies	25	1,000	1,025	53	121		1,004	2,203	1	128	2,332
Purchased svcs, rental & other	3,985	125	4,110	115	650		7,720	12,594	134	12	12,740
Depreciation	1,905	848	2,754	213	31		250	3,247	17	18	3,281
Utilities							129	129			129
Insurance expense	1,359	166	1,526	210	209		184	2,129	69	184	2,381
TOTAL OPERATING EXPENSES	41,925	6,980	48,906	2,112	4,696	31	14,301	70,046	1,357	4,418	75,820
GAIN (LOSS) FROM OPERATIONS	(23,732)	4,130	(19,602)	(2,067)	(2,665)	(31)	(14,301)	(38,666)	(1,357)	(4,418)	(44,440)
NONOPERATING REVENUE:											
Property taxes	2,507	2,956	5,463	467	447		253	6,631	721		7,352
Cigarette taxes											
Sales taxes	1,392	1,534	2,926	413	672		133	4,144	564	1,155	5,863
Interest income											
Retirement plan contribution	2,742	378	3,119	280	318		367	4,085	104	326	4,514
TOTAL NONOPERATING REVENUE	6,641	4,867	11,508	1,160	1,437		753	14,859	1,390	1,481	17,730
NET INCOME (LOSS)	(17,091)	8,997	(8,094)	(907)	(1,228)	(31)	(13,547)	(23,807)	33	(2,937)	(26,711)

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue	31,176		31,176
Other revenue	204		204
Total Revenue	<u>31,380</u>		<u>31,380</u>
OPERATING EXPENSES:			
Salaries and wages	43,642		43,642
Employee benefits	11,316		11,316
Supplies	2,332		2,332
Purchased svcs, rental & other	12,740		12,740
Depreciation	3,281		3,281
Utilities	129		129
Insurance expense	2,381		2,381
TOTAL OPERATING EXPENSES	<u>75,820</u>		<u>75,820</u>
GAIN (LOSS) FROM OPERATIONS	<u>(44,440)</u>		<u>(44,440)</u>
NONOPERATING REVENUE:			
Property taxes	7,352		7,352
Cigarette taxes			
Sales taxes	5,863		5,863
Retirement plan contribution	4,514		4,514
TOTAL NONOPERATING REVENUE	<u>17,730</u>		<u>17,730</u>
NET INCOME (LOSS)	<u>(26,711)</u>		<u>(26,711)</u>

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue	18,085		18,085
Other revenue	109		109
Total Revenue	<u>18,194</u>		<u>18,194</u>
OPERATING EXPENSES:			
Salaries and wages	27,896		27,896
Employee benefits	6,755		6,755
Supplies	25		25
Purchased svs, rental & other	3,985		3,985
Depreciation	1,905		1,905
Insurance expense	1,359		1,359
TOTAL OPERATING EXPENSES	<u>41,925</u>		<u>41,925</u>
GAIN (LOSS) FROM OPERATIONS	<u>(23,732)</u>		<u>(23,732)</u>
NONOPERATING REVENUE:			
Property taxes	2,507		2,507
Cigarette taxes			
Sales taxes	1,392		1,392
Retirement plan contribution	2,742		2,742
TOTAL NONOPERATING REVENUE	<u>6,641</u>		<u>6,641</u>
NET INCOME (LOSS)	<u><u>(17,091)</u></u>		<u><u>(17,091)</u></u>

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue	11,041		11,041
Other revenue	69		69
Total Revenue	<u>11,110</u>		<u>11,110</u>
OPERATING EXPENSES:			
Salaries and wages	3,911		3,911
Employee benefits	929		929
Supplies	1,000		1,000
Purchased svcs, rental & other	125		125
Depreciation	848		848
Insurance expense	166		166
TOTAL OPERATING EXPENSES	<u>6,980</u>		<u>6,980</u>
GAIN (LOSS) FROM OPERATIONS	<u>4,130</u>		<u>4,130</u>
NONOPERATING REVENUE:			
Property taxes	2,956		2,956
Cigarette taxes			
Sales taxes	1,534		1,534
Retirement plan contribution	378		378
TOTAL NONOPERATING REVENUE	<u>4,867</u>		<u>4,867</u>
NET INCOME (LOSS)	<u><u>8,997</u></u>		<u><u>8,997</u></u>

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue	19		19
Other revenue	27		27
Total Revenue	<u>45</u>		<u>45</u>
OPERATING EXPENSES:			
Salaries and wages	698		698
Employee benefits	824		824
Supplies	53		53
Purchased svs, rental & other	115		115
Depreciation	213		213
Insurance expense	210		210
TOTAL OPERATING EXPENSES	<u>2,112</u>		<u>2,112</u>
GAIN (LOSS) FROM OPERATIONS	<u>(2,067)</u>		<u>(2,067)</u>
NONOPERATING REVENUE:			
Property taxes	467		467
Cigarette taxes			
Sales taxes	413		413
Retirement plan contribution	280		280
TOTAL NONOPERATING REVENUE	<u>1,160</u>		<u>1,160</u>
NET INCOME (LOSS)	<u><u>(907)</u></u>		<u><u>(907)</u></u>

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue	2,032		2,032
Other revenue			
Total Revenue	<u>2,032</u>		<u>2,032</u>
OPERATING EXPENSES:			
Salaries and wages	2,912		2,912
Employee benefits	775		775
Supplies	121		121
Purchased svcs, rental & other	650		650
Depreciation	31		31
Insurance expense	209		209
TOTAL OPERATING EXPENSES	<u>4,696</u>		<u>4,696</u>
GAIN (LOSS) FROM OPERATIONS	<u>(2,665)</u>		<u>(2,665)</u>
NONOPERATING REVENUE:			
Property taxes	447		447
Cigarette taxes			
Sales taxes	672		672
Retirement plan contribution	318		318
TOTAL NONOPERATING REVENUE	<u>1,437</u>		<u>1,437</u>
NET INCOME (LOSS)	<u><u>(1,228)</u></u>		<u><u>(1,228)</u></u>

1115 Waiver
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	31		31
Employee benefits	0		0
Supplies			
Purchased svcs, rental & other			
Depreciation			
Utilities			
Insurance expense			
TOTAL OPERATING EXPENSES	31		31
GAIN (LOSS) FROM OPERATIONS	(31)		(31)
NONOPERATING REVENUE:			
Property taxes			
Cigarette taxes			
Sales taxes			
Retirement plan contribution			
TOTAL NONOPERATING REVENUE			
NET INCOME (LOSS)	(31)		(31)

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	4,044		4,044
Employee benefits	970		970
Supplies	1,004		1,004
Purchased svcs, rental & other	7,720		7,720
Depreciation	250		250
Utilities	129		129
Insurance expense	184		184
TOTAL OPERATING EXPENSES	14,301		14,301
GAIN (LOSS) FROM OPERATIONS	(14,301)		(14,301)
NONOPERATING REVENUE:			
Property taxes	253		253
Cigarette taxes			
Sales taxes	133		133
Retirement plan contribution	367		367
TOTAL NONOPERATING REVENUE	753		753
NET INCOME (LOSS)	(13,547)		(13,547)

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	864		864
Employee benefits	272		272
Supplies	1		1
Purchased svcs, rental & other	134		134
Depreciation	17		17
Insurance expense	69		69
TOTAL OPERATING EXPENSES	1,357		1,357
GAIN (LOSS) FROM OPERATIONS	(1,357)		(1,357)
NONOPERATING REVENUE:			
Property taxes	721		721
Cigarette taxes			
Sales taxes	564		564
Retirement plan contribution	104		104
TOTAL NONOPERATING REVENUE	1,390		1,390
NET INCOME (LOSS)	33		33

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date December 31, 2012

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>December 31, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	3,286		3,286
Employee benefits	791		791
Supplies	128		128
Purchased svs, rental & other	12		12
Depreciation	18		18
Insurance expense	184		184
TOTAL OPERATING EXPENSES	4,418		4,418
GAIN (LOSS) FROM OPERATIONS	(4,418)		(4,418)
NONOPERATING REVENUE:			
Sales taxes	1,155		1,155
Retirement plan contribution	326		326
TOTAL NONOPERATING REVENUE	1,481		1,481
NET INCOME (LOSS)	(2,937)		(2,937)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	<u>Yes, N/A, No?</u>	<u>If no, state reason (immaterial, estimated, etc.)</u>
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
Reviewed by _____

Date _____
Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended December 31, 2012

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***Final Cash Report ***

For the Month December-2012			
	Actual	Budget	Variance
SHCC			
Medicare	\$ 4,113,375	\$ 4,243,399	\$ (130,024)
Medicaid	8,987,042	9,861,380	(874,338)
Other	2,113,030	1,659,804	453,226
Physician Billing	729,062	948,933	(219,871)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	2,317,308	-	2,317,308
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	(2,979)	-	(2,979)
Meaningful Use	-	646,471	(646,471)
1115 Waiver Capitation	-	-	-
Physician Contract Payments	240,000	81,230	158,770
Physician Contract Revenues	4,083	-	4,083
Totals	\$ 18,500,920	\$ 17,441,217	\$ 1,059,703

Cumulative Cash Summary Through December-2012			
	Actual	Budget	Variance
SHCC			
Medicare	\$ 4,113,375	\$ 4,243,399	\$ (130,024)
Medicaid	8,987,042	9,861,380	(874,338)
Other	2,113,030	1,659,804	453,226
Physician Billing	729,062	948,933	(219,871)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	2,317,308	-	2,317,308
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	(2,979)	-	(2,979)
Meaningful Use	-	646,471	(646,471)
1115 Waiver Capitation	-	-	-
Physician Contract Payments	240,000	81,230	158,770
Physician Contract Revenues	4,083	-	4,083
Totals	\$ 18,500,920	\$ 17,441,217	\$ 1,059,703

	Actual	Budget	Variance
PHCC			
Medicare	\$ 161,912	\$ 219,708	\$ (57,796)
Medicaid	516,854	416,047	100,807
Other	90,323	103,848	(13,525)
Physician Billing	72,858	43,177	29,681
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	1,035,695	-	1,035,695
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-
Meaningful Use	-	92,567	(92,567)
1115 Waiver Capitation	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 1,877,643	\$ 875,347	\$ 1,002,296

	Actual	Budget	Variance
PHCC			
Medicare	\$ 161,912	\$ 219,708	\$ (57,796)
Medicaid	516,854	416,047	100,807
Other	90,323	103,848	(13,525)
Physician Billing	72,858	43,177	29,681
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	1,035,695	-	1,035,695
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-
Meaningful Use	-	92,567	(92,567)
1115 Waiver Capitation	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 1,877,643	\$ 875,347	\$ 1,002,296

	Actual	Budget	Variance
OFHC			
Medicare	\$ 9,597	\$ 26,092	\$ (16,495)
Medicaid	164,019	125,531	38,488
Other	31,085	39,817	(8,732)
Physician Billing	29,987	12,050	17,937
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-
1115 Waiver Capitation	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 1,160,254	\$ 203,490	\$ 956,764

	Actual	Budget	Variance
OFHC			
Medicare	\$ 9,597	\$ 26,092	\$ (16,495)
Medicaid	164,019	125,531	38,488
Other	31,085	39,817	(8,732)
Physician Billing	29,987	12,050	17,937
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-
1115 Waiver Capitation	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 1,160,254	\$ 203,490	\$ 956,764

	Actual	Budget	Variance
SYSTEM			
Medicare	\$ 4,284,884	\$ 4,489,199	\$ (204,315)
Medicaid	9,667,915	10,402,958	(735,043)
Other	2,234,438	1,803,469	430,969
Physician Billing	831,907	1,004,160	(172,253)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	4,278,570	-	4,278,570
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	(2,979)	-	(2,979)
Physician Contract Payments	240,000	81,230	158,770
Physician Contract Revenues	4,083	-	4,083
Meaningful Use	-	739,038	(739,038)
1115 Waiver	-	-	-
DSH	12,567,309	12,567,309	-
Retro-Active DSH	-	-	-
BIPA	-	-	-
Medicaid Malpractice Retro	-	-	-
Totals	\$ 34,106,127	\$ 31,087,363	\$ 3,018,764

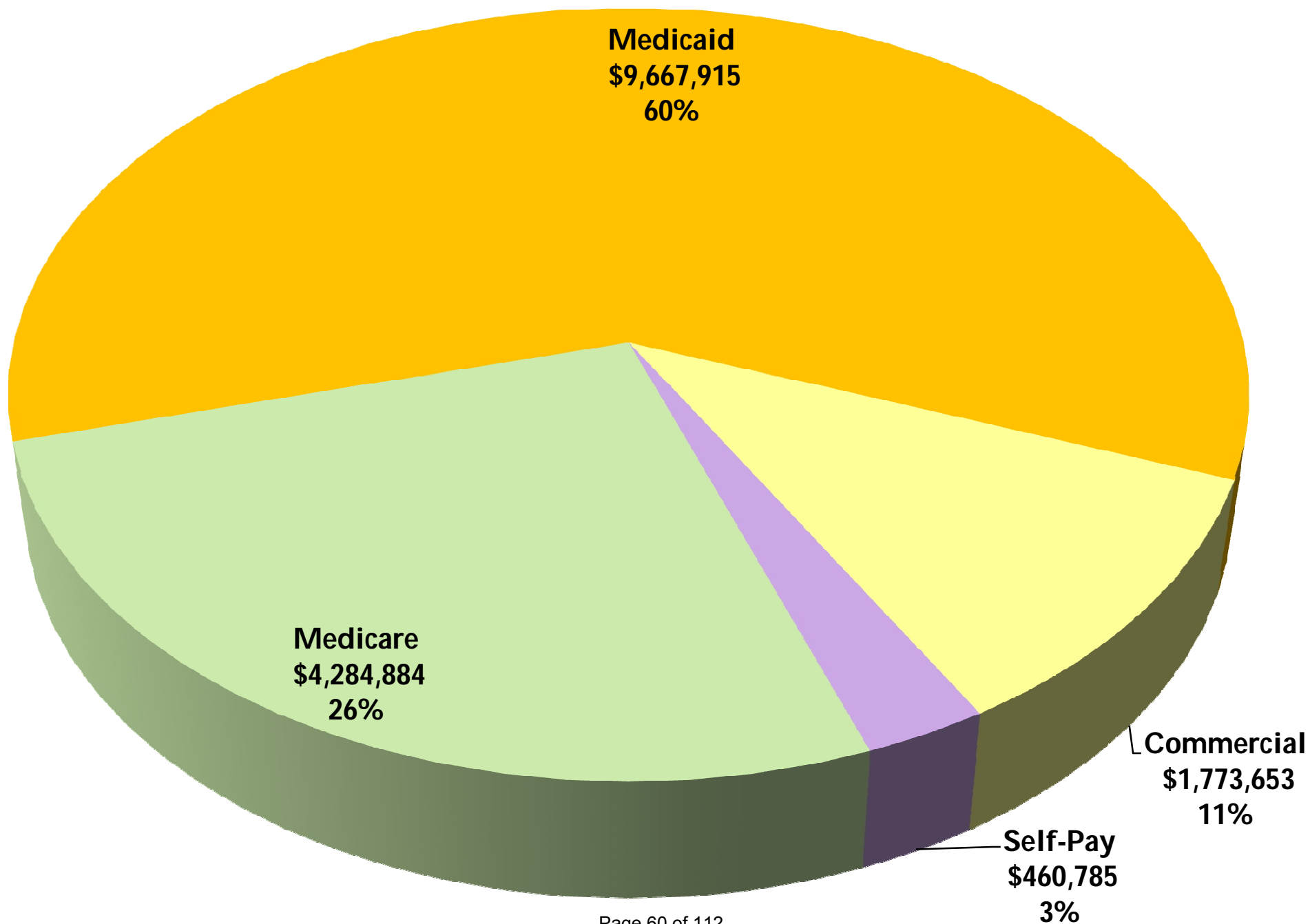
	Actual	Budget	Variance
SYSTEM			
Medicare	\$ 4,284,884	\$ 4,489,199	\$ (204,315)
Medicaid	9,667,915	10,402,958	(735,043)
Other	2,234,438	1,803,469	430,969
Physician Billing	831,907	1,004,160	(172,253)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	4,278,570	-	4,278,570
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing Refunds	(2,979)	-	(2,979)
Physician Contract Payments	240,000	81,230	158,770
Physician Contract Revenues	4,083	-	4,083
Meaningful Use	-	739,038	(739,038)
1115 Waiver	-	-	-
DSH	12,567,309	12,567,309	-
Retro-Active DSH	-	-	-
BIPA	-	-	-
Medicaid Malpractice Retro	-	-	-
Totals	\$ 34,106,127	\$ 31,087,363	\$ 3,018,764

The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 11/20/12 - 12/12/12.

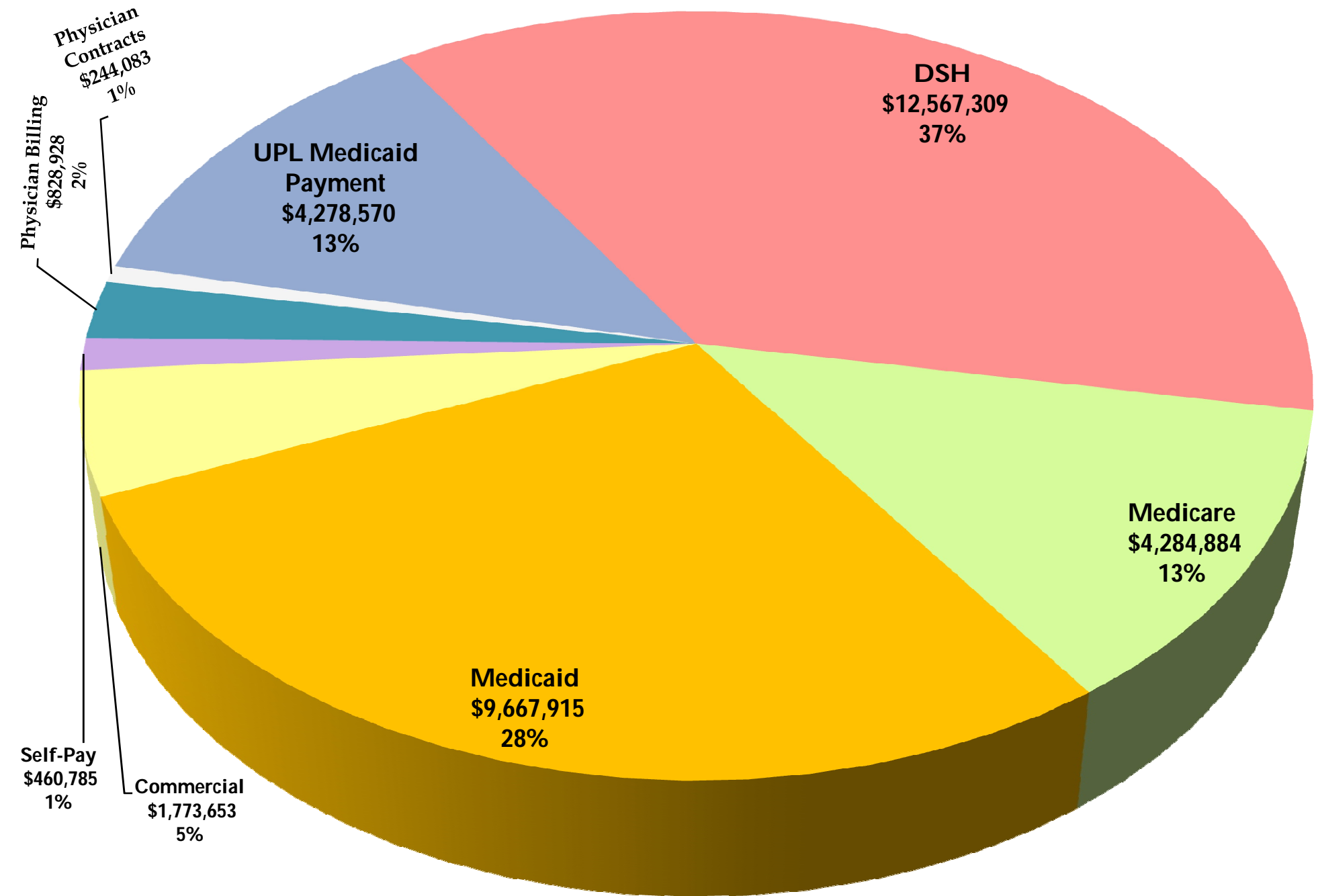
Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" total is a payment to the state for supplemental workers hired to help clear the Medicaid backlog.

The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received.

CCHHS Cumulative Net Patient Fee Cash Receipts Through December-2012



CCHHS Cumulative Total Net Cash Receipts Through December-2012



**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of December 31, 2012**

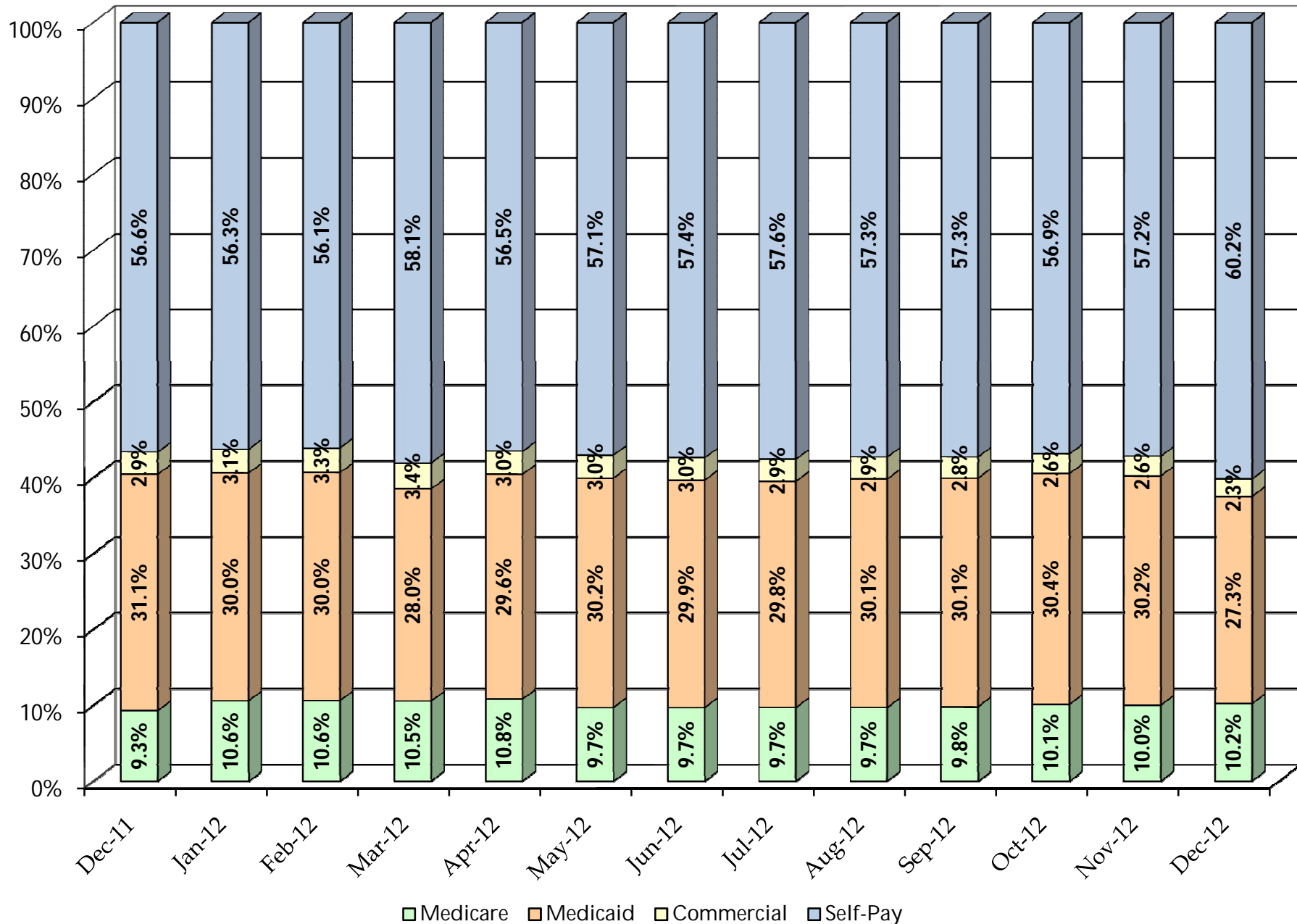
<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 3,997	\$ 3,751	-6.57%
Provident	\$ 3,699	\$ 3,459	-6.95%

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)

Cook County Health And Hospitals System

Prior 13 Months Ending Dec-2012

Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
December-2012

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	237	226	11	17	19	(2)	254	245	9
Medicaid	576	657	(81)	18	26	(8)	594	683	(89)
Medicaid-Pending	4	-	4	-	-	-	4	-	4
Commercial	40	53	(13)	2	2	-	42	55	(13)
Self-Pay	854	1,090	(236)	76	96	(20)	930	1,186	(256)
Charity	264	-	264	29	-	29	293	-	293
Cermak	28	-	28	-	-	-	28	-	28
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Admissions	2,003	2,026	(23)	142	143	(1)	2,145	2,169	(24)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	960	1,017	(57)	88	79	9	1,048	1,096	(48)
Medicaid	2,887	3,600	(713)	53	79	(26)	2,940	3,679	(739)
Medicaid-Pending	13	-	13	3	-	3	16	-	16
Commercial	170	278	(108)	3	5	(2)	173	283	(110)
Self-Pay	3,718	4,896	(1,178)	342	339	3	4,060	5,235	(1,175)
Charity	1,048	-	1,048	113	-	113	1,161	-	1,161
Cermak	87	-	87	-	-	-	87	-	87
Grants	-	-	-	-	-	-	-	-	-
Institutional	20	-	20	-	-	-	20	-	20
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Patient Days	8,903	9,791	(888)	602	502	100	9,505	10,293	(788)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,860	2,150	(290)	271	307	(36)	2,131	2,457	(326)
Medicaid	5,592	7,609	(2,017)	163	308	(145)	5,755	7,917	(2,162)
Medicaid-Pending	25	-	25	9	-	9	34	-	34
Commercial	329	588	(259)	9	19	(10)	338	607	(269)
Self-Pay	7,203	10,348	(3,145)	1,052	1,318	(266)	8,255	11,666	(3,411)
Charity	2,030	-	2,030	347	-	347	2,377	-	2,377
Cermak	169	-	169	-	-	-	169	-	169
Grants	-	-	-	-	-	-	-	-	-
Institutional	39	-	39	-	-	-	39	-	39
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Adjusted Patient Days	17,247	20,695	(3,448)	1,851	1,952	(101)	19,098	22,647	(3,549)

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.2	4.8	(0.6)	5.4	3.7	1.7
Medicaid	5.1	4.8	0.3	2.8	3.7	(0.9)
Medicaid-Pending	3.4	4.8	(1.4)	9.0	3.7	5.3
Commercial	3.9	4.8	(0.9)	1.5	3.7	(2.2)
Self-Pay	4.1	4.8	(0.7)	4.2	3.7	0.5
Charity	3.9	4.8	(0.9)	3.3	3.7	(0.4)
Grants	-	-	-	-	-	-
Cermak	3.4	4.8	(1.4)	-	-	-
Institutional	68.0	4.8	63.2	-	-	-
Public Health	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-
Overall Average LOS	4.2	4.8	(0.6)	4.0	3.7	0.3

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2011 Through December-2012

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	237	226	11	17	19	(2)	254	245	9
Medicaid	576	657	(81)	18	26	(8)	594	683	(89)
Medicaid-Pending	4	-	4	-	-	-	4	-	4
Commercial	40	53	(13)	2	2	-	42	55	(13)
Self-Pay	854	1,090	(236)	76	96	(20)	930	1,186	(256)
Charity	264	-	264	29	-	29	293	-	293
Cermak	28	-	28	-	-	-	28	-	28
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Admissions	2,003	2,026	(23)	142	143	(1)	2,145	2,169	(24)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	960	1,017	(57)	88	79	9	1,048	1,096	(48)
Medicaid	2,887	3,600	(713)	53	79	(26)	2,940	3,679	(739)
Medicaid-Pending	13	-	13	3	-	3	16	-	16
Commercial	170	278	(108)	3	5	(2)	173	283	(110)
Self-Pay	3,718	4,896	(1,178)	342	339	3	4,060	5,235	(1,175)
Charity	1,048	-	1,048	113	-	113	1,161	-	1,161
Cermak	87	-	87	-	-	-	87	-	87
Grants	-	-	-	-	-	-	-	-	-
Institutional	20	-	20	-	-	-	20	-	20
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Patient Days	8,903	9,791	(888)	602	502	100	9,505	10,293	(788)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,860	2,150	(290)	271	307	(36)	2,131	2,457	(326)
Medicaid	5,592	7,609	(2,017)	163	308	(145)	5,755	7,917	(2,162)
Medicaid-Pending	25	-	25	9	-	9	34	-	34
Commercial	329	588	(259)	9	19	(10)	338	607	(269)
Self-Pay	7,203	10,348	(3,145)	1,052	1,318	(266)	8,255	11,666	(3,411)
Charity	2,030	-	2,030	347	-	347	2,377	-	2,377
Cermak	169	-	169	-	-	-	169	-	169
Grants	-	-	-	-	-	-	-	-	-
Institutional	39	-	39	-	-	-	39	-	39
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Adjusted Patient Days	17,247	20,695	(3,448)	1,851	1,952	(101)	19,098	22,647	(3,549)

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For December-2012

Stroger Hospital					
Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	464	191	655	39	694
Medicaid	1,918	400	2,318	190	2,508
Medicaid-Pending	2	3	5	1	6
Commercial	202	27	229	10	239
Self-Pay	5,270	662	5,932	582	6,514
Charity	1,021	179	1,200	99	1,299
Cermak	39	26	65	3	68
Grants & Research	1	-	1	-	1
Public Health	7	-	7	5	12
Institutional	16	-	16	1	17
Workmens' Compensation	4	-	4	2	6
Totals	8,944	1,488	10,432	932	11,364
			Budget		10,400
			Variance		32

Provident Hospital					
Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	145	17	162	14	176
Medicaid	545	18	563	95	658
Medicaid-Pending	-	-	-	-	-
Commercial	74	2	76	7	83
Self-Pay	1,394	73	1,467	217	1,684
Charity	394	22	416	39	455
Cermak	-	-	-	-	-
Grants & Research	-	-	-	-	-
Public Health	5	-	5	2	7
Institutional	1	-	1	-	1
Workmens' Compensation	-	-	-	-	-
Totals	2,558	132	2,690	374	3,064
			Budget		2,724
			Variance		(34)

Oak Forest Health Center	
Payer Type	Immediate Care Visits
Medicare	47
Medicaid	69
Medicaid-Pending	-
Commercial	19
Self-Pay	842
Charity	348
Cermak	-
Grants & Research	-
Public Health	9
Institutional	-
Workmens' Compensation	2
Totals	1,336
	Budget
	1,868
	Variance
	(532)

ER and Immediate Care Total						
Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	609	208	47	864	53	917
Medicaid	2,463	418	69	2,950	285	3,235
Medicaid-Pending	2	3	-	5	1	6
Commercial	276	29	19	324	17	341
Self-Pay	6,664	735	842	8,241	799	9,040
Charity	1,415	201	348	1,964	138	2,102
Cermak	39	26	-	65	3	68
Grants & Research	1	-	-	1	-	1
Public Health	12	-	9	21	7	28
Institutional	17	-	-	17	1	18
Workmens' Compensation	4	-	2	6	2	8
Totals	11,502	1,620	1,336	14,458	1,306	15,764
				ER and Immediate Care Budget		14,992
				Variance		(534)

Percent Of Admissions From Emergency Room For Month Of December-2012

	SHCC	PHCC	CCHHS
ER Admissions	1,488	132	1,620
Total Admissions	2,003	142	2,145
% of ER Admissions	74%	93%	76%

Emergency Room Elope Percentage For Month Of December-2012

	SHCC	PHCC	CCHHS
ER Elopes	932	374	1,306
Total Visits with Elopes	11,364	3,064	14,428
% of ER Elopes	8%	12%	9%

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through December-2012**

Stroger Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	464	191	655	39	694
Medicaid	1,918	400	2,318	190	2,508
Medicaid-Pending	2	3	5	1	6
Commercial	202	27	229	10	239
Self-Pay	5,270	662	5,932	582	6,514
Charity	1,021	179	1,200	99	1,299
Cermak	39	26	65	3	68
Grants & Research	1	-	1	-	1
Public Health	7	-	7	5	12
Institutional	16	-	16	1	17
Workmens' Compensation	4	-	4	2	6
Totals	8,944	1,488	10,432	932	11,364
			Budget 10,400		
			Variance 32		

Provident Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	145	17	162	14	176
Medicaid	545	18	563	95	658
Medicaid-Pending	-	-	-	-	-
Commercial	74	2	76	7	83
Self-Pay	1,394	73	1,467	217	1,684
Charity	394	22	416	39	455
Cermak	-	-	-	-	-
Grants & Research	-	-	-	-	-
Public Health	5	-	5	2	7
Institutional	1	-	1	-	1
Workmens' Compensation	-	-	-	-	-
Totals	2,558	132	2,690	374	3,064
			Budget 2,724		
			Variance (34)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	47
Medicaid	69
Medicaid-Pending	-
Commercial	19
Self-Pay	842
Charity	348
Cermak	-
Grants & Research	-
Public Health	9
Institutional	-
Workmens' Compensation	2
Totals	1,336
	Budget 1,868
	Variance (532)

ER and Immediate Care Total

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	609	208	47	864	53	917
Medicaid	2,463	418	69	2,950	285	3,235
Medicaid-Pending	2	3	-	5	1	6
Commercial	276	29	19	324	17	341
Self-Pay	6,664	735	842	8,241	799	9,040
Charity	1,415	201	348	1,964	138	2,102
Cermak	39	26	-	65	3	68
Grants & Research	1	-	-	1	-	1
Public Health	12	-	9	21	7	28
Institutional	17	-	-	17	1	18
Workmens' Compensation	4	-	2	6	2	8
Totals	11,502	1,620	1,336	14,458	1,306	15,764
				ER and Immediate Care Budget 14,992		
				Variance (534)		

Cumulative Percent Of Admissions From Emergency Room Through December-2012

	SHCC	PHCC	CCHHS
ER Admissions	1,488	132	1,620
Total Admissions	2,003	142	2,145
% of ER Admissions	74%	93%	76%

Cumulative Emergency Room Elope Percentage Through December-2012

	SHCC	PHCC	CCHHS
ER Elopes	932	374	1,306
Total Visits with Elopes	11,364	3,064	14,428
% of ER Elopes	8%	12%	9%

Notes:

- ER Elopes are patients who leave without being seen by a physician.

- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.

CCHHS Utilization Factors

ACHN Clinic Visits

ACHN Clinic Visits - December-2012

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	29,611	30,974	(1,363)
WEST CLUSTER	5,384	5,926	(542)
SOUTH CLUSTER	5,573	5,653	(80)
SOUTH SUBURBAN CLUSTER	5,001	5,033	(32)
Total ACHN Visits	45,569	47,586	(2,017)

Cumulative ACHN Clinic Visits Through December-2012

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	29,611	30,974	(1,363)
WEST CLUSTER	5,384	5,926	(542)
SOUTH CLUSTER	5,573	5,653	(80)
SOUTH SUBURBAN CLUSTER	5,001	5,033	(32)
Total ACHN Visits	45,569	47,586	(2,017)

**Cook County Health and Hospitals System
Top Ten DRG's - December-2012**

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	72	180	2.5	0.7375	2.7
2	313 CHEST PAIN	51	95	1.9	0.5617	1.7
3	812 RED BLOOD CELL DISORDERS W/O MCC	39	86	2.2	0.7872	2.7
4	153 OTITIS MEDIA & URI W/O MCC	38	64	1.7	0.6605	2.4
5	203 BRONCHITIS & ASTHMA W/O CC/MCC	35	77	2.2	0.6228	2.6
6	897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	34	96	2.8	0.6788	3.2
7	603 CELLULITIS W/O MCC	33	110	3.3	0.8392	3.7
8	194 SIMPLE PNEUMONIA & PLEURISY W CC	29	74	2.6	0.9996	4.0
9	292 HEART FAILURE & SHOCK W CC	27	90	3.3	1.0034	3.9
10	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	25	66	2.6	0.7072	3.0

Provident Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	25	78	3.1	0.5617	1.7
2	203 BRONCHITIS & ASTHMA W/O CC/MCC	11	33	3.0	0.6228	2.6
3	292 HEART FAILURE & SHOCK W CC	10	69	6.9	1.0034	3.9
4	293 HEART FAILURE & SHOCK W/O CC/MCC	10	22	2.2	0.6751	2.7
5	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	8	20	2.5	0.9653	1.8
6	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	7	16	2.3	0.7375	2.7
7	202 BRONCHITIS & ASTHMA W CC/MCC	6	22	3.7	0.8704	3.3
8	153 OTITIS MEDIA & URI W/O MCC	6	17	2.8	0.6605	2.4
9	194 SIMPLE PNEUMONIA & PLEURISY W CC	5	43	8.6	0.9996	4.0
10	191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	5	38	7.6	0.9521	3.7

Cook County Health and Hospitals System

Financial Statements

Year To Date November 30, 2012

As of January 16, 2013

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended November 30, 2012 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended November 30, 2012. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the twelve months with overall revenue of \$896,591 and overall expenses was \$929,887.

Net Patient revenue for the twelve months was \$577,856.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$7,939. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System Only

General

As compared to November 30, 2011, Total Patient Accounts Receivable at the end of November-2012 reduced by 32 to 122 days. The 1 day decrease in this figure, as compared to the previous month's figure, is due largely to the continued implementation of the following factors:

- Movement of accounts with undeliverable addresses to the collection agency;
- Correction of pharmacy charging issues; and
- Transition of patients previously covered under the LOL program to the Carelink program.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts fell by \$59.341M (16.8%) as compared to the November-2011 balance and also fell by \$13.893M (4.5%) as compared to the prior month's balance. This figure has declined in nine (9) out of the last ten (10) months. The overall decline in this figure indicates an increasing number of accounts are completing the collection process.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS claims on a per-diem and Medicare pays CCHHS on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Inpatient Accounts Receivable – BEPA System Only

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of November-2012 decreased by \$12.363M (58.3%) as compared the November 30, 2011 balance. This amount is less than the previous month's balance by \$0.535M (5.7%) as well. This indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections.

Billed Inpatient Accounts

Billed inpatient accounts at the end of November-2012 decreased by \$36.670M (19.0%) as compared to the November 30, 2011 balance. This amount is also less than the previous month's balance by \$9.749M (5.9%).

The decrease in this number indicates more accounts had the collection process completed than in the previous month and that more accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays on a per-diem and Medicare pays on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Outpatient Accounts Receivable – BEPA System Only

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$5.018M (22.5%) by the end of November-2012, as compared to the level of unbilled accounts as of November 30, 2011. This month's balance decreased by \$1.039M (5.7%). More outpatient accounts are moving to a "Billed" status, as compared to the previous month. The reduction of internal bill-holds from 20 days to 6 days will tend to cause a decline in the unbilled accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of November-2012 fell by \$22.671M (14.1%) over the balance as of November 30, 2011. This figure is smaller than the previous month's balance by \$4.144M (2.9%).

The reduction in this figure, as compared to the prior month's balance, indicates a greater number of Out-Patient accounts had their collection and write-off related activities completed.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for November-2012	Value of Accounts for November-2012	Cumulative Number of Accounts Through November-2012	Cumulative Value of Accounts Through November-2012
In-Patient	801	\$6.196M	6,150	\$58.146M
Out-Patient	31,177	\$13.467M	406,131	\$201.044M

Operating Expenses at the end of twelve months was \$929.887M broken down as follows:

Salaries and Wages - \$498.809M

Benefits - \$134.599M

Supplies - \$102.691M.

Purchased Services, Rental, and Other - \$135.485M

Depreciation - \$30.043M

Utilities - \$12.311M

Insurance - \$12.701M

Services Provided by Other County Offices - \$3.247

The various decreases in the month of November for benefits, depreciation and insurance expenses are the result of adjusting previous months estimates to actual. In November, we recorded a transfer of \$3.247M for services provided by other County Offices.

Nonoperating Revenue was \$310.795M. The largest portions of this are attributed to sales tax in the amount of \$57.895M, cigarette tax in the amount of \$106.004M and property tax in the amount of \$80.689M. The decrease of \$10.154M in sales tax revenue for the month of November is the difference between the reversal of last year's and the provision for current year's accrual at a lower allocation rate. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal 2012

	12/31/2011 BEPA	1/31/2012 BEPA	2/29/2012 BEPA	3/31/2012 BEPA	4/30/2012 BEPA	5/31/2012 BEPA	6/30/2012 BEPA	7/31/2012 BEPA	8/31/2012 BEPA	9/30/2012 BEPA	10/31/2012 BEPA	11/30/2012 BEPA
Inpatient												
In-house	\$ 12,795,759	\$ 13,552,149	\$ 13,699,833	\$ 12,386,360	\$ 11,460,620	\$ 12,386,158	\$ 12,595,474	\$ 13,109,329	\$ 12,566,406	\$ 8,748,067	\$ 10,447,727	\$ 7,962,851
Discharged Not Final Billed	\$ 16,039,995	\$ 12,807,580	\$ 10,298,697	\$ 10,149,285	\$ 10,894,292	\$ 19,230,544	\$ 13,539,019	\$ 15,130,320	\$ 16,550,911	\$ 10,298,507	\$ 9,360,320	\$ 8,825,057
Billed	\$ 215,372,796	\$ 226,684,055	\$ 246,676,173	\$ 236,363,473	\$ 216,274,438	\$ 206,340,779	\$ 198,499,226	\$ 195,179,479	\$ 201,974,134	\$ 170,020,665	\$ 165,994,413	\$ 156,245,270
Total Inpatient Accounts Receivable	\$ 244,208,550	\$ 253,043,784	\$ 270,674,703	\$ 258,899,118	\$ 238,629,350	\$ 237,957,481	\$ 224,633,718	\$ 223,419,128	\$ 231,091,452	\$ 189,067,239	\$ 185,802,459	\$ 173,033,179
Outpatient												
Unbilled	\$ 22,386,168	\$ 23,355,905	\$ 21,675,531	\$ 21,471,442	\$ 19,298,121	\$ 20,461,556	\$ 21,498,581	\$ 25,303,209	\$ 26,083,110	\$ 20,884,787	\$ 18,370,219	\$ 17,331,274
Billed	\$ 172,222,206	\$ 179,257,581	\$ 192,949,670	\$ 193,000,920	\$ 200,806,195	\$ 180,113,280	\$ 171,174,814	\$ 163,832,993	\$ 159,210,999	\$ 150,282,216	\$ 142,772,749	\$ 138,628,942
Total Outpatient Accounts Receivable	\$ 194,608,374	\$ 202,613,486	\$ 214,625,201	\$ 214,472,362	\$ 220,104,316	\$ 200,574,836	\$ 192,673,395	\$ 189,136,202	\$ 185,294,108	\$ 171,167,003	\$ 161,142,968	\$ 155,960,216
Combined Inpatient and Outpatient A/R												
Unbilled	\$ 51,221,922	\$ 49,715,634	\$ 45,674,061	\$ 44,007,087	\$ 41,653,033	\$ 52,078,258	\$ 47,633,074	\$ 53,542,858	\$ 55,200,427	\$ 39,931,361	\$ 38,178,265	\$ 34,119,182
Billed	\$ 387,595,001	\$ 405,941,636	\$ 439,625,843	\$ 429,364,393	\$ 417,080,633	\$ 386,454,059	\$ 369,674,040	\$ 359,012,472	\$ 361,185,133	\$ 320,302,882	\$ 308,767,161	\$ 294,874,213
Total IP and OP Accounts Receivable	\$ 438,816,924	\$ 455,657,270	\$ 485,299,904	\$ 473,371,480	\$ 458,733,666	\$ 438,532,317	\$ 417,307,113	\$ 412,555,330	\$ 416,385,560	\$ 360,234,243	\$ 346,945,426	\$ 328,993,395
Average Daily Revenue	\$ 2,566,742	\$ 2,582,261	\$ 2,748,845	\$ 2,729,286	\$ 2,971,025	\$ 2,749,921	\$ 2,842,621	\$ 2,675,907	\$ 2,817,820	\$ 2,762,142	\$ 2,818,618	\$ 2,704,775
Days of Revenue Outstanding	171	176	177	173	154	159	147	154	148	130	123	122

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
November 30, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS											
CURRENT ASSETS:											
Cash and cash equivalents:											
Cash in banks	1,311	1	1,312	104	205		1,621	0			1,621
Cash held by Cook Co Treas	621,807		621,807	81,762	145,271		848,840	119,812		(919,301)	49,350
Due from working cash fund	60,379	34,607	94,986				94,986				94,986
Total cash & cash equivalent	683,498	34,608	718,106	81,866	145,475		945,447	119,812		(919,301)	145,957
Property taxes receivable:											
Tax levy - current year	28,050	33,061	61,111	5,224	5,003	2,832	74,169	8,068			82,238
Tax levy - prior year	3,365	3,212	6,577	692	762	290	8,321	919			9,240
Total property taxes rec	31,415	36,273	67,688	5,916	5,765	3,121	82,491	8,987			91,478
Receivables:											
Patient AR-net of allowances	76,854		76,854	475	3,269		80,598				80,598
Third-party settlements				23	65		87				87
Other receivables	532	11	543	0	55	0	598		1		600
Due from State - sales taxes	4,177	4,602	8,779	1,238	2,015	400	12,432	1,692	3,466		17,590
Total receivables	81,563	4,613	86,176	1,736	5,404	400	93,716	1,692	3,467		98,875
Inventories	2,378		2,378	121	279		2,777		528		3,306
TOTAL CURRENT ASSETS	798,853	75,494	874,347	89,638	156,923	3,522	1,124,431	130,492	3,996	(919,301)	339,617
CAPITAL ASSETS:											
Depreciable assets - net	363,024	6,363	369,387	25,174	21,430	17,772	433,763	2,128	758		436,649
TOTAL ASSETS	1,161,877	81,857	1,243,734	114,812	178,354	21,294	1,558,194	132,619	4,754	(919,301)	776,266

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
November 30, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET ASSETS											
CURRENT LIABILITIES:											
Due to Cook County Treasurer		124,530	124,530			747,120	871,650		47,651	(919,301)	
Accounts payable	3,149	231	3,380	430	2,729	14,796	21,336	463	199		21,998
Accrued salaries, wages, & other liabilities	11,048	1,377	12,426	664	1,173	1,472	15,735	384	1,389		17,508
Compensated absences	27,908	3,669	31,577	508	3,256	3,780	39,121	1,175	2,648		42,944
Deferred revenues	65,817		65,817		10,745		76,563				76,563
Third-party settlements	2,005		2,005				2,005				2,005
Due to others				11			11				11
Interacct payable (receivable)	142,314		142,314	(10,345)	31,357	(169,150)	(5,823)	2	5,821		
TOTAL CURRENT LIABILITIES	252,242	129,807	382,049	(8,731)	49,260	598,020	1,020,598	2,023	57,709	(919,301)	161,028
LONG-TERM LIABILITIES:											
Reserve-tax objection suits	4,254	2,540	6,795	1,016	1,307	247	9,364	1,081			10,446
TOTAL LIABILITIES	256,497	132,347	388,844	(7,715)	50,567	598,266	1,029,962	3,104	57,709	(919,301)	171,474
NET ASSETS:											
Investment in capital assets	363,024	6,363	369,387	25,174	21,430	17,772	433,763	2,128	758		436,649
Beginning balance	525,601	(182,474)	343,127	88,235	92,516	(459,880)	63,998	117,245	(13,095)		168,148
Bond depreciation	22,864	848	23,712	2,554	371	2,996	29,633	199	211		30,043
Excess revenue (expenses)	(8,436)	124,773	116,337	6,064	13,049	(137,860)	(2,410)	9,944	(40,829)		(33,296)
Transfers	2,327		2,327	500	420		3,247				3,247
Ending balance	905,380	(50,490)	854,890	122,527	127,787	(576,972)	528,232	129,515	(52,955)		604,792
TOTAL LIABILITIES & NET ASSETS	1,161,877	81,857	1,243,734	114,812	178,354	21,294	1,558,194	132,619	4,754	(919,301)	776,266

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
November 30, 2012

	Stroger Hospital	ACHN (Clinics)	Total Stroger & ACHN	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:										
Net patient service revenue	384,411	132,222	516,633	16,817	44,407		577,856	0		577,856
Other revenue	4,201	869	5,070	439	534		6,043	1,890	6	7,939
Total Revenue:	388,612	133,091	521,703	17,255	44,941		583,899	1,890	6	585,796
OPERATING EXPENSES:										
Salaries and wages	313,324	39,599	352,923	18,879	34,056	41,978	447,836	12,078	38,895	498,809
Employee benefits	80,439	16,899	97,338	3,709	9,387	11,149	121,583	2,957	10,059	134,599
Supplies	35,881	25,096	60,977	1,554	4,648	30,420	97,599	248	4,843	102,691
Purchased svcs, rental & other	52,250	4,920	57,170	2,473	10,487	61,104	131,233	2,459	1,793	135,485
Depreciation	22,864	848	23,712	2,554	371	2,996	29,633	199	211	30,043
Utilities	7,120	322	7,442	2,038	1,400	1,253	12,133	86	91	12,311
Insurance expense	7,279	1,860	9,139	479	871	996	11,484	289	928	12,701
Services provided by other county offices	2,327		2,327	500	420		3,247			3,247
TOTAL OPERATING EXPENSES	521,484	89,544	611,028	32,187	61,639	149,895	854,749	18,316	56,822	929,887
GAIN (LOSS) FROM OPERATIONS	(132,871)	43,546	(89,325)	(14,931)	(16,698)	(149,895)	(270,849)	(16,426)	(56,816)	(344,091)
NONOPERATING REVENUE:										
Property taxes	27,412	32,727	60,139	5,062	4,787	2,798	72,785	7,904		80,689
Cigarette taxes	43,190	25,776	68,966	10,310	13,256	2,504	95,036	10,968		106,004
Sales taxes	13,748	15,145	28,893	4,073	6,633	1,317	40,917	5,570	11,408	57,895
Other tobacco product taxes	2,666	1,591	4,257	636	818	155	5,866	677		6,543
Interest income	17	1	17	0	2	0	20	0	0	20
Retirement plan contribution	37,403	5,987	43,390	913	4,251	5,262	53,817	1,251	4,578	59,645
TOTAL NONOPERATING REVENUE	124,436	81,226	205,662	20,995	29,748	12,035	268,439	26,370	15,986	310,795
INCOME (LOSS) BEFORE GAIN ON DISPOSAL OF FIXED ASSET	(8,436)	124,773	116,337	6,064	13,049	(137,860)	(2,410)	9,944	(40,829)	(33,296)
Gain on disposals of fixed asset	11		11				11			11
NET INCOME (LOSS)	(8,425)	124,773	116,348	6,064	13,049	(137,860)	(2,399)	9,944	(40,829)	(33,285)

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue	514,640	63,216	577,856
Other revenue	6,963	976	7,939
Total Revenue	<u>521,603</u>	<u>64,193</u>	<u>585,796</u>
OPERATING EXPENSES:			
Salaries and wages	459,297	39,513	498,809
Employee benefits	132,445	2,155	134,599
Supplies	89,022	13,669	102,691
Purchased svcs, rental & other	123,959	11,526	135,485
Depreciation	30,828	(785)	30,043
Utilities	10,123	2,188	12,311
Insurance expense	27,738	(15,037)	12,701
Services provided by other county offices		3,247	3,247
TOTAL OPERATING EXPENSES	<u>873,411</u>	<u>56,476</u>	<u>929,887</u>
GAIN (LOSS) FROM OPERATIONS	<u>(351,808)</u>	<u>7,717</u>	<u>(344,091)</u>
NONOPERATING REVENUE:			
Property taxes	74,011	6,678	80,689
Cigarette taxes	87,577	18,426	106,004
Sales taxes	68,049	(10,154)	57,895
Other tobacco product taxes	5,816	727	6,543
Interest income	19	1	20
Retirement plan contribution	53,891	5,754	59,645
TOTAL NONOPERATING REVENUE	<u>289,363</u>	<u>21,432</u>	<u>310,795</u>
INCOME (LOSS) BEFORE GAIN			
ON DISPOSAL OF FIXED ASSET	(62,445)	29,149	(33,296)
Gain on disposals of fixed asset	11		11
NET INCOME (LOSS)	<u>(62,434)</u>	<u>29,149</u>	<u>(33,285)</u>

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue	342,443	41,968	384,411
Other revenue	3,582	619	4,201
Total Revenue	<u>346,025</u>	<u>42,587</u>	<u>388,612</u>
OPERATING EXPENSES:			
Salaries and wages	287,392	25,932	313,324
Employee benefits	81,147	(708)	80,439
Supplies	33,135	2,745	35,881
Purchased svcs, rental & other	46,979	5,271	52,250
Depreciation	21,811	1,053	22,864
Utilities	5,868	1,252	7,120
Insurance expense	16,314	(9,035)	7,279
Services provided by other county offices		2,327	2,327
TOTAL OPERATING EXPENSES	<u>492,646</u>	<u>28,838</u>	<u>521,484</u>
GAIN (LOSS) FROM OPERATIONS	<u>(146,621)</u>	<u>13,750</u>	<u>(132,871)</u>
NONOPERATING REVENUE:			
Property taxes	25,166	2,246	27,412
Cigarette taxes	35,682	7,508	43,190
Sales taxes	16,159	(2,411)	13,748
Other tobacco product taxes	2,370	296	2,666
Interest income	16	1	17
Retirement plan contribution	32,900	4,503	37,403
TOTAL NONOPERATING REVENUE	<u>112,293</u>	<u>12,143</u>	<u>124,436</u>
INCOME (LOSS) BEFORE GAIN ON DISPOSAL OF FIXED ASSET			
Gain on disposals of fixed asset	11		11
NET INCOME (LOSS)	<u>(34,318)</u>	<u>25,893</u>	<u>(8,425)</u>

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue	121,273	10,949	132,222
Other revenue	832	37	869
Total Revenue	<u>122,105</u>	<u>10,986</u>	<u>133,091</u>
OPERATING EXPENSES:			
Salaries and wages	35,865	3,734	39,599
Employee benefits	11,208	5,691	16,899
Supplies	23,763	1,333	25,096
Purchased svcs, rental & other	4,649	271	4,920
Depreciation	777	71	848
Utilities	123	199	322
Insurance expense	1,945	(86)	1,860
TOTAL OPERATING EXPENSES	<u>78,331</u>	<u>11,213</u>	<u>89,544</u>
GAIN (LOSS) FROM OPERATIONS	<u>43,774</u>	<u>(227)</u>	<u>43,546</u>
NONOPERATING REVENUE:			
Property taxes	29,967	2,760	32,727
Cigarette taxes	21,295	4,480	25,776
Sales taxes	17,802	(2,656)	15,145
Other tobacco product taxes	1,414	177	1,591
Retirement plan contribution	4,533	1,454	5,987
TOTAL NONOPERATING REVENUE	<u>75,011</u>	<u>6,216</u>	<u>81,226</u>
NET INCOME (LOSS)	<u>118,784</u>	<u>5,988</u>	<u>124,773</u>

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue	5,302	11,514	16,817
Other revenue	411	28	439
Total Revenue	<u>5,713</u>	<u>11,543</u>	<u>17,255</u>
OPERATING EXPENSES:			
Salaries and wages	19,166	(286)	18,879
Employee benefits	6,383	(2,674)	3,709
Supplies	1,630	(76)	1,554
Purchased svcs, rental & other	2,376	97	2,473
Depreciation	2,640	(85)	2,554
Utilities	1,824	215	2,038
Insurance expense	1,735	(1,256)	479
Services provided by other county offices		500	500
TOTAL OPERATING EXPENSES	<u>35,753</u>	<u>(3,566)</u>	<u>32,187</u>
GAIN (LOSS) FROM OPERATIONS	<u>(30,040)</u>	<u>15,109</u>	<u>(14,931)</u>
NONOPERATING REVENUE:			
Property taxes	4,653	408	5,062
Cigarette taxes	8,518	1,792	10,310
Sales taxes	4,788	(714)	4,073
Other tobacco product taxes	566	71	636
Interest income	0	0	0
Retirement plan contribution	3,083	(2,170)	913
TOTAL NONOPERATING REVENUE	<u>21,608</u>	<u>(614)</u>	<u>20,995</u>
NET INCOME (LOSS)	<u>(8,432)</u>	<u>14,495</u>	<u>6,064</u>

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue	45,622	(1,215)	44,407
Other revenue	452	83	534
Total Revenue	<u>46,073</u>	<u>(1,132)</u>	<u>44,941</u>
OPERATING EXPENSES:			
Salaries and wages	31,880	2,175	34,056
Employee benefits	9,287	100	9,387
Supplies	2,457	2,191	4,648
Purchased svcs, rental & other	9,892	594	10,487
Depreciation	2,258	(1,887)	371
Utilities	1,218	182	1,400
Insurance expense	2,504	(1,633)	871
Services provided by other county offices		420	420
TOTAL OPERATING EXPENSES	<u>59,497</u>	<u>2,142</u>	<u>61,639</u>
GAIN (LOSS) FROM OPERATIONS	<u>(13,424)</u>	<u>(3,274)</u>	<u>(16,698)</u>
NONOPERATING REVENUE:			
Property taxes	4,411	376	4,787
Cigarette taxes	10,952	2,304	13,256
Sales taxes	7,796	(1,163)	6,633
Other tobacco product taxes	727	91	818
Interest income	2	0	2
Retirement plan contribution	3,816	435	4,251
TOTAL NONOPERATING REVENUE	<u>27,705</u>	<u>2,043</u>	<u>29,748</u>
NET INCOME (LOSS)	<u>14,281</u>	<u>(1,231)</u>	<u>13,049</u>

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	38,262	3,716	41,978
Employee benefits	11,653	(504)	11,149
Supplies	24,134	6,286	30,420
Purchased svcs, rental & other	56,281	4,823	61,104
Depreciation	2,996		2,996
Utilities	1,030	223	1,253
Insurance expense	2,208	(1,212)	996
TOTAL OPERATING EXPENSES	136,564	13,331	149,895
GAIN (LOSS) FROM OPERATIONS	(136,564)	(13,331)	(149,895)
NONOPERATING REVENUE:			
Property taxes	2,563	235	2,798
Cigarette taxes	2,069	435	2,504
Sales taxes	1,548	(231)	1,317
Other tobacco product taxes	137	17	155
Retirement plan contribution	4,402	860	5,262
TOTAL NONOPERATING REVENUE	10,719	1,317	12,035
NET INCOME (LOSS)	(125,846)	(12,014)	(137,860)

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue	0		0
Other revenue	1,683	207	1,890
Total Revenue	<u>1,683</u>	<u>207</u>	<u>1,890</u>
OPERATING EXPENSES:			
Salaries and wages	10,820	1,257	12,078
Employee benefits	3,264	(307)	2,957
Supplies	93	155	248
Purchased svcs, rental & other	2,225	234	2,459
Depreciation	197	2	199
Utilities	57	29	86
Insurance expense	825	(536)	289
TOTAL OPERATING EXPENSES	<u>17,481</u>	<u>835</u>	<u>18,316</u>
GAIN (LOSS) FROM OPERATIONS	<u>(15,798)</u>	<u>(628)</u>	<u>(16,426)</u>
NONOPERATING REVENUE:			
Property taxes	7,251	653	7,904
Cigarette taxes	9,061	1,907	10,968
Sales taxes	6,547	(977)	5,570
Other tobacco product taxes	602	75	677
Retirement plan contribution	1,251		1,251
TOTAL NONOPERATING REVENUE	<u>24,712</u>	<u>1,658</u>	<u>26,370</u>
NET INCOME (LOSS)	<u>8,914</u>	<u>1,030</u>	<u>9,944</u>

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date November 30, 2012

	<u>October 31, 2012</u>	<u>Inc (Dec)</u>	<u>November 30, 2012</u>
REVENUE:			
Net patient service revenue			
Other revenue	4	2	6
Total Revenue	<u>4</u>	<u>2</u>	<u>6</u>
OPERATING EXPENSES:			
Salaries and wages	35,912	2,984	38,895
Employee benefits	9,502	557	10,059
Supplies	3,808	1,035	4,843
Depreciation	149	62	211
Utilities	3	88	91
Insurance expense	2,207	(1,279)	928
TOTAL OPERATING EXPENSES	<u>53,139</u>	<u>3,683</u>	<u>56,822</u>
GAIN (LOSS) FROM OPERATIONS	<u>(53,135)</u>	<u>(3,681)</u>	<u>(56,816)</u>
NONOPERATING REVENUE:			
Sales taxes	13,409	(2,001)	11,408
Retirement plan contribution	3,906	671	4,578
TOTAL NONOPERATING REVENUE	<u>17,315</u>	<u>(1,329)</u>	<u>15,986</u>
NET INCOME (LOSS)	<u>(35,819)</u>	<u>(5,010)</u>	<u>(40,829)</u>

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2012

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
 Reviewed by _____

Date _____
 Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended November 30, 2012

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*****Final Cash Report *****

For the Month November-2012			
	Actual	Budget	Variance
SHCC			
Medicare	\$ 4,533,203	\$ 4,591,735	\$ (58,532)
Medicaid	10,589,755	14,955,872	(4,366,117)
Other	1,685,995	2,950,564	(1,264,569)
Physician Billing	623,481	1,829,360	(1,205,879)
Medicaid UPL Adjustment	-	1,791,046	(1,791,046)
Medicaid Retroactive Payment	-	-	-
Vendor Payments From Revenue			
Pharmacy Billing	(4,252)	-	(4,252)
Collection Agency	(73,332)	-	(73,332)
Revenue Enhancement	(263,039)	-	(263,039)
Physician Billing	-	-	-
Physician Contract Payments	110,000	-	110,000
Physician Contract Revenues	84,906	-	84,906
Totals	\$ 17,286,718	\$ 26,118,577	\$ (8,831,859)

Cumulative Cash Summary Through November-2012			
	Actual	Budget	Variance
SHCC			
Medicare	\$ 59,798,963	\$ 56,019,179	\$ 3,779,784
Medicaid	124,041,108	194,426,314	(70,385,206)
Other	19,069,972	35,996,873	(16,926,901)
Physician Billing	5,353,687	14,072,000	(8,718,313)
Medicaid UPL Adjustment	-	20,000,000	(20,000,000)
Medicaid Retroactive Payment	39,632,769	10,000,000	29,632,769
Vendor Payments From Revenue			
Pharmacy Billing	(1,314,262)	-	(1,314,262)
Collection Agency	(156,504)	-	(156,504)
Revenue Enhancement	(695,672)	-	(695,672)
Physician Billing	(37,938)	-	(37,938)
Physician Contract Payments	255,640	-	255,640
Physician Contract Revenues	605,479	-	605,479
Totals	\$ 246,553,242	\$ 330,514,366	\$ (83,961,124)

	Actual	Budget	Variance
PHCC			
Medicare	\$ 216,065	\$ 383,656	\$ (167,591)
Medicaid	383,206	891,028	(507,822)
Other	138,173	268,066	(129,893)
Physician Billing	60,725	371,540	(310,815)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	-	-	-
Revenue Enhancement	-	-	-
Physician Billing	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 798,169	\$ 1,914,290	\$ (1,116,121)

	Actual	Budget	Variance
PHCC			
Medicare	\$ 2,489,659	\$ 4,680,577	\$ (2,190,918)
Medicaid	5,223,662	11,583,364	(6,359,702)
Other	1,092,889	3,270,346	(2,177,457)
Physician Billing	578,227	2,858,000	(2,279,773)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	4,396,528	-	4,396,528
Vendor Payments From Revenue			
Pharmacy Billing	(44,265)	-	(44,265)
Collection Agency	(110,610)	-	(110,610)
Revenue Enhancement	-	-	-
Physician Billing	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 13,626,090	\$ 22,392,287	\$ (8,766,197)

	Actual	Budget	Variance
OFHC			
Medicare	\$ 6,778	\$ 61,140	\$ (54,362)
Medicaid	113,479	512,860	(399,381)
Other	31,653	137,071	(105,418)
Physician Billing	32,037	139,100	(107,063)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	-	-	-
Vendor Payments From Revenue			
Pharmacy Billing	-	-	-
Collection Agency	(12,697)	-	(12,697)
Revenue Enhancement	-	-	-
Physician Billing	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 171,250	\$ 850,171	\$ (678,921)

	Actual	Budget	Variance
OFHC			
Medicare	\$ 41,127	\$ 745,919	\$ (704,792)
Medicaid	2,886,616	6,667,158	(3,780,542)
Other	626,724	1,672,327	(1,045,603)
Physician Billing	226,124	1,070,000	(843,876)
Medicaid UPL Adjustment	-	-	-
Medicaid Retroactive Payment	2,906,137	-	2,906,137
Vendor Payments From Revenue			
Pharmacy Billing	(3,908)	-	(3,908)
Collection Agency	(48,531)	-	(48,531)
Revenue Enhancement	-	-	-
Physician Billing	-	-	-
Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-
Totals	\$ 6,634,289	\$ 10,155,404	\$ (3,521,115)

	Actual	Budget	Variance
SYSTEM			
Medicare	\$ 4,756,046	\$ 5,036,531	\$ (280,485)
Medicaid	11,086,440	16,359,760	(5,273,320)
Other	1,855,821	3,355,701	(1,499,880)
Physician Billing	716,243	2,340,000	(1,623,757)
Medicaid UPL Adjustment	-	1,791,046	(1,791,046)
Medicaid Retroactive Payment	-	-	-
Vendor Payments From Revenue			
Pharmacy Billing	(4,252)	-	(4,252)
Collection Agency	(86,029)	-	(86,029)
Revenue Enhancement	(263,039)	-	(263,039)
Physician Billing	-	-	-
Physician Contract Payments	110,000	-	110,000
Physician Contract Revenues	84,906	-	84,906
Meaningful Use	1,372,654	-	1,372,654
DSH	12,567,309	11,666,667	900,642
Retro-Active DSH	-	-	-
BIPA	37,500,000	37,549,000	(49,000)
Medicaid Malpractice Retro	-	-	-
Totals	\$ 69,696,099	\$ 78,098,705	\$ (8,402,606)

	Actual	Budget	Variance
SYSTEM			
Medicare	\$ 62,329,749	\$ 61,445,675	\$ 884,074
Medicaid	132,151,386	212,676,836	(80,525,450)
Other	20,789,585	40,939,546	(20,149,961)
Physician Billing	6,158,038	18,000,000	(11,841,962)
Medicaid UPL Adjustment	-	20,000,000	(20,000,000)
Medicaid Retroactive Payment	46,935,434	10,000,000	36,935,434
Vendor Payments From Revenue			
Pharmacy Billing	(1,362,435)	-	(1,362,435)
Collection Agency	(315,645)	-	(315,645)
Revenue Enhancement	(695,672)	-	(695,672)
Physician Billing	(37,938)	-	(37,938)
Physician Contract Payments	255,640	-	255,640
Physician Contract Revenues	605,479	-	605,479
Meaningful Use	9,621,518	-	9,621,518
DSH	150,807,707	140,000,000	10,807,707
Retro-Active DSH	19,782,059	-	19,782,059
BIPA	131,250,000	131,300,000	(50,000)
Medicaid Malpractice Retro	-	-	-
Totals	\$ 578,274,905	\$ 634,362,057	\$ (56,087,152)

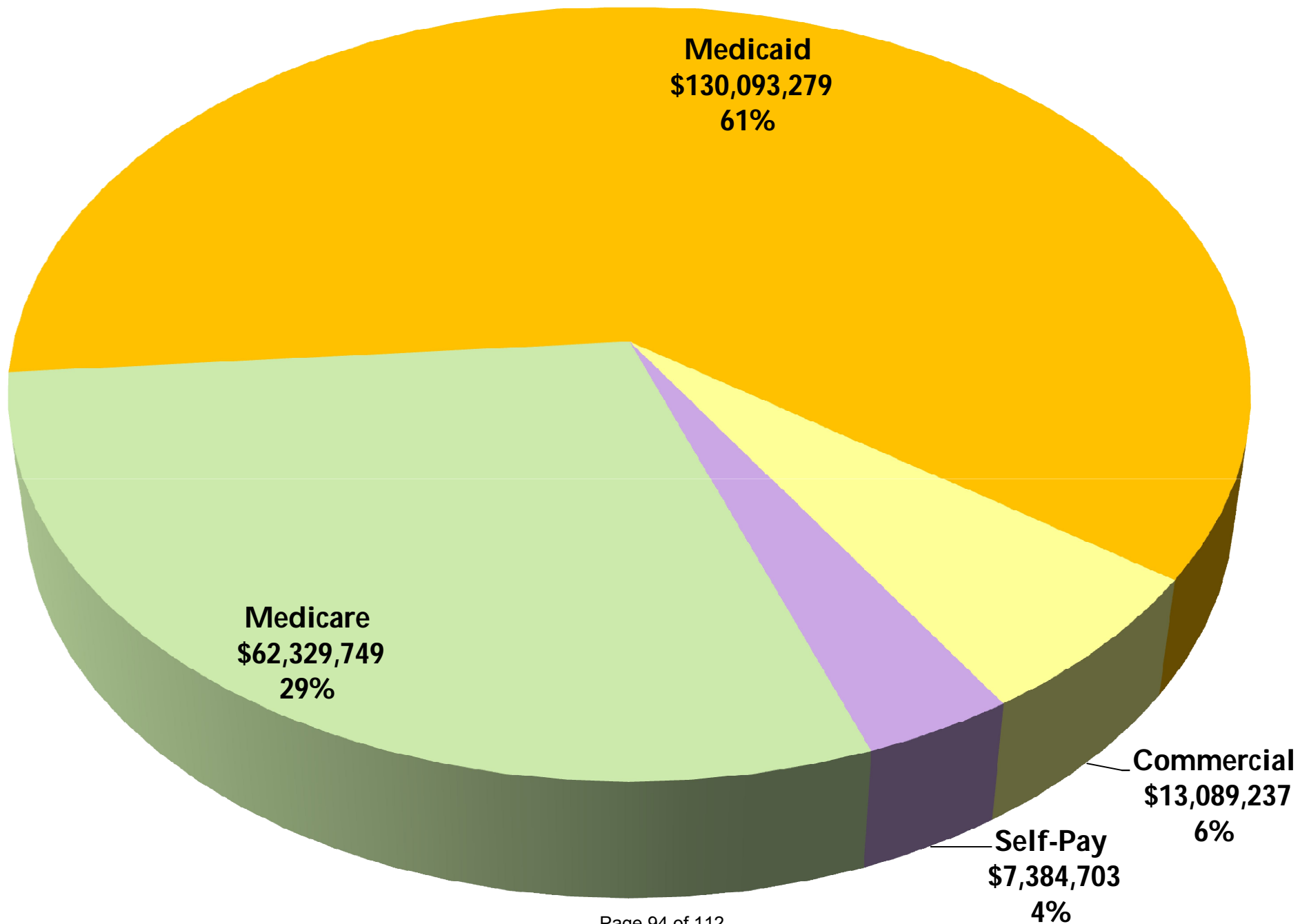
The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 09/19/2012 - 10/17/2012 .

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" total is a payment to the state for supplemental workers hired to help clear the Medicaid backlog.

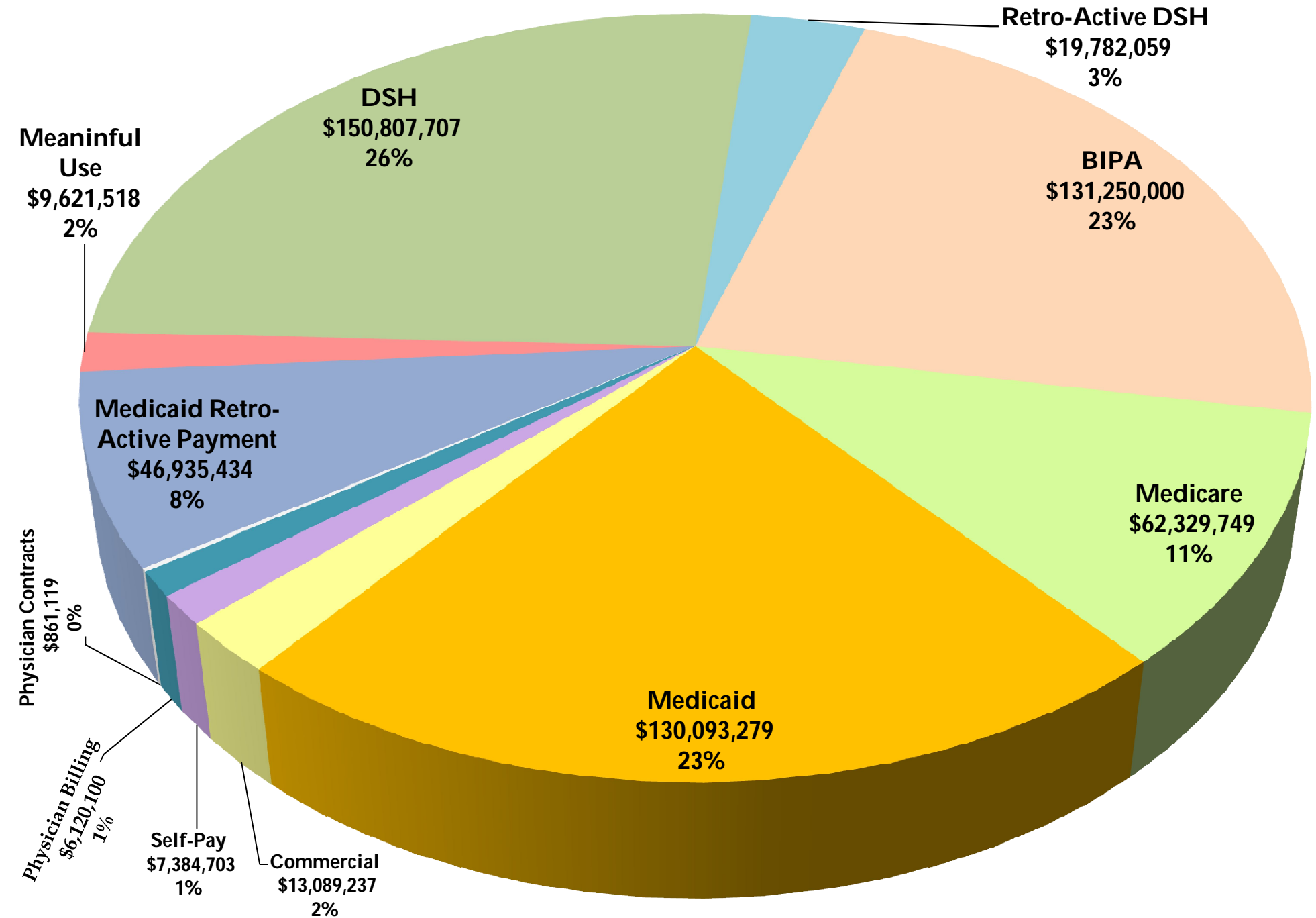
The Upper Payment Limit Revision is spread over 11 months, beginning Jan-2012, as it is not known in which month this payment will be received.

The "Medicaid Retroactive Payment" was budgeted all at SHCC. **Page 93 of 112**

CCHHS Cumulative Net Patient Fee Cash Receipts Through November-2012



CCHHS Cumulative Total Net Cash Receipts Through November-2012



**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of November 30, 2012**

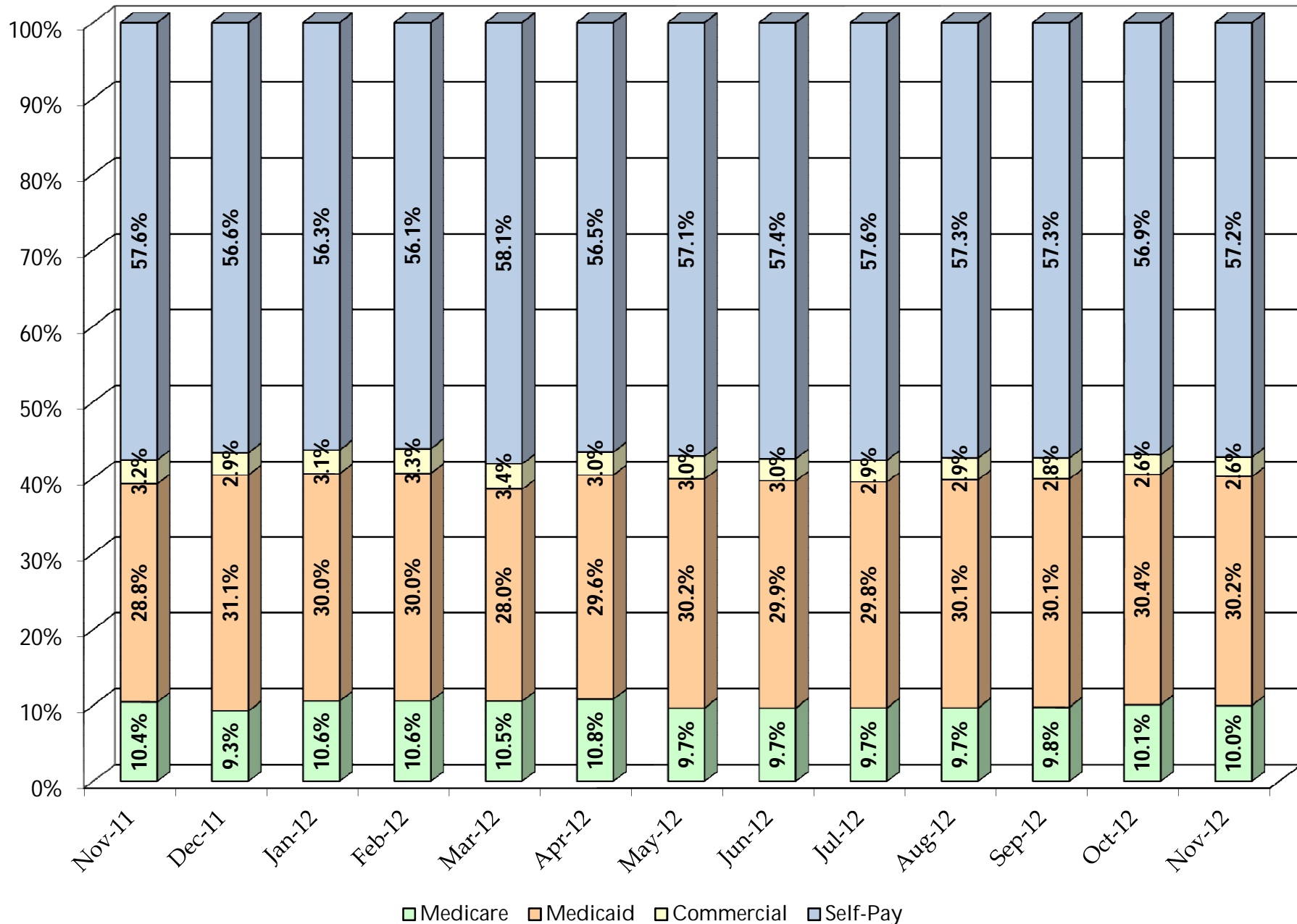
<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 3,321	\$ 3,522	5.70%
Provident	\$ 3,268	\$ 3,510	6.91%

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)

Cook County Health And Hospitals System

Prior 13 Months Ending Nov-2012

Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
November-2012

Admissions

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	222	245	(23)	24	26	(2)	-	-	-	246	271	(25)
Medicaid	530	812	(282)	7	55	(48)	-	-	-	537	867	(330)
Medicaid-Pending	5	-	5	-	-	-	-	-	-	5	-	5
Commercial	43	62	(19)	4	4	-	-	-	-	47	66	(19)
Self-Pay	808	890	(82)	82	86	(4)	-	-	-	890	976	(86)
Charity	239	-	239	19	-	19	-	-	-	258	-	258
Cermak	35	-	35	-	-	-	-	-	-	35	-	35
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-	-	-	-
Total Admissions	1,882	2,009	(127)	136	171	(35)	-	-	-	2,018	2,180	(162)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	928	1,084	(156)	128	142	(14)	-	-	-	1,056	1,226	(170)
Medicaid	2,521	4,111	(1,590)	69	216	(147)	-	-	-	2,590	4,327	(1,737)
Medicaid-Pending	22	-	22	1	-	1	-	-	-	23	-	23
Commercial	178	350	(172)	10	21	(11)	-	-	-	188	371	(183)
Self-Pay	3,634	4,259	(625)	285	296	(11)	-	-	-	3,919	4,555	(636)
Charity	991	-	991	62	-	62	-	-	-	1,053	-	1,053
Cermak	105	-	105	-	-	-	-	-	-	105	-	105
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	30	-	30	-	-	-	-	-	-	30	-	30
Public Health	-	-	-	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-	-	-	-
Total Patient Days	8,409	9,804	(1,395)	555	675	(120)	-	-	-	8,964	10,479	(1,515)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,116	2,118	(2)	567	486	81	-	-	-	2,683	2,604	79
Medicaid	5,837	8,033	(2,196)	330	738	(408)	-	-	-	6,167	8,771	(2,604)
Medicaid-Pending	50	-	50	4	-	4	-	-	-	54	-	54
Commercial	406	684	(278)	44	72	(28)	-	-	-	450	756	(306)
Self-Pay	8,285	8,323	(38)	1,262	1,015	247	-	-	-	9,547	9,338	209
Charity	2,259	-	2,259	274	-	274	-	-	-	2,533	-	2,533
Cermak	239	-	239	-	-	-	-	-	-	239	-	239
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	68	-	68	-	-	-	-	-	-	68	-	68
Public Health	-	-	-	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-	-	-	-
Total Adjusted Patient Days	19,260	19,158	102	2,481	2,311	170	-	-	-	21,741	21,469	272

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center - Acute			Oak Forest Specialty Health Center - Rehabilitation		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.3	5.0	(0.7)	5.0	4.0	1.0	-	-	-	-	-	-
Medicaid	5.8	5.0	0.8	12.5	4.0	8.5	-	-	-	-	-	-
Medicaid-Pending	9.3	5.0	4.3	4.0	4.0	-	-	-	-	-	-	-
Commercial	4.8	5.0	(0.2)	2.5	4.0	(1.5)	-	-	-	-	-	-
Self-Pay	4.4	5.0	(0.6)	4.7	4.0	0.7	-	-	-	-	-	-
Charity	4.0	5.0	(1.0)	3.2	4.0	(0.8)	-	-	-	-	-	-
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Cermak	2.8	5.0	(2.2)	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	-	-	-	-	-	-	-	-	-
Workmens' Compensation	-	-	-	-	-	-	-	-	-	-	-	-
Overall Average LOS	4.7	5.0	(0.3)	5.2	4.0	1.2	-	-	-	-	-	-

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2011 Through November-2012

Admissions

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,543	2,900	(357)	231	423	(192)	-	-	-	2,774	3,323	(549)
Medicaid	5,660	9,417	(3,757)	210	740	(530)	-	-	-	5,870	10,157	(4,287)
Medicaid-Pending	1,608	-	1,608	53	-	53	-	-	-	1,661	-	1,661
Commercial	650	717	(67)	35	63	(28)	-	-	-	685	780	(95)
Self-Pay	11,196	11,000	196	884	1,119	(235)	-	-	-	12,080	12,119	(39)
Charity	1,531	-	1,531	244	-	244	-	-	-	1,775	-	1,775
Cermak	363	-	363	-	-	-	-	-	-	363	-	363
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	109	-	109	-	-	-	-	-	-	109	-	109
Public Health	5	-	5	-	-	-	-	-	-	5	-	5
Workmens' Compensation	12	-	12	-	-	-	-	-	-	12	-	12
Total Admissions	23,677	24,034	(357)	1,657	2,345	(688)	-	-	-	25,334	26,379	(1,045)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	11,937	13,043	(1,106)	929	1,713	(784)	-	-	-	12,866	14,756	(1,890)
Medicaid	29,688	47,736	(18,048)	840	2,652	(1,812)	-	-	-	30,528	50,388	(19,860)
Medicaid-Pending	8,950	-	8,950	238	-	238	-	-	-	9,188	-	9,188
Commercial	3,527	4,304	(777)	129	280	(151)	-	-	-	3,656	4,584	(928)
Self-Pay	50,320	52,082	(1,762)	3,185	3,590	(405)	-	-	-	53,505	55,672	(2,167)
Charity	5,918	-	5,918	884	-	884	-	-	-	6,802	-	6,802
Cermak	1,607	-	1,607	-	-	-	-	-	-	1,607	-	1,607
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	667	-	667	-	-	-	-	-	-	667	-	667
Public Health	10	-	10	-	-	-	-	-	-	10	-	10
Workmens' Compensation	105	-	105	-	-	-	-	-	-	105	-	105
Total Patient Days	112,729	117,165	(4,436)	6,205	8,235	(2,030)	-	-	-	118,934	125,400	(6,466)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			Oak Forest Specialty Health Center			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	26,732	25,487	1,245	3,884	5,861	(1,977)	-	-	-	30,616	31,348	(732)
Medicaid	67,426	93,278	(25,852)	3,636	9,076	(5,440)	-	-	-	71,062	102,354	(31,292)
Medicaid-Pending	19,942	-	19,942	977	-	977	-	-	-	20,919	-	20,919
Commercial	7,881	8,411	(530)	530	958	(428)	-	-	-	8,411	9,369	(958)
Self-Pay	112,684	101,777	10,907	13,325	12,292	1,033	-	-	-	126,009	114,069	11,940
Charity	13,364	-	13,364	3,710	-	3,710	-	-	-	17,074	-	17,074
Cermak	3,603	-	3,603	-	-	-	-	-	-	3,603	-	3,603
Grants	-	-	-	-	-	-	-	-	-	-	-	-
Institutional	1,507	-	1,507	-	-	-	-	-	-	1,507	-	1,507
Public Health	24	-	24	-	-	-	-	-	-	24	-	24
Workmens' Compensation	230	-	230	-	-	-	-	-	-	230	-	230
Total Adjusted Patient Days	253,393	228,953	24,440	26,062	28,187	(2,125)	-	-	-	279,455	257,140	22,315

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For November-2012**

Stroger Hospital					Provident Hospital				
Payer Type	ER Patients		ER Elop	Total Visits	Payer Type	ER Patients		ER Elop	Total Visits
	Treated And Released	Admissions From ER				Treated And Released	Admissions From ER		
Medicare	444	173	66	683	Medicare	166	24	17	207
Medicaid	1,781	354	193	2,328	Medicaid	523	6	77	606
Medicaid-Pending	2	3	2	7	Medicaid-Pending	-	-	-	-
Commercial	185	26	9	220	Commercial	66	3	7	76
Self-Pay	5,224	624	589	6,437	Self-Pay	1,306	74	185	1,565
Charity	1,008	152	113	1,273	Charity	336	17	45	398
Cermak	64	33	-	97	Cermak	1	-	-	1
Grants & Research	-	-	-	-	Grants & Research	-	-	-	-
Public Health	11	-	5	16	Public Health	6	-	-	6
Institutional	33	-	1	34	Institutional	3	-	1	4
Workmens' Compensation	4	-	-	4	Workmens' Compensation	-	-	-	-
Totals	8,756	1,365	978	11,099	Totals	2,407	124	332	2,863
			Budget	9,885				Budget	3,016
			Variance	1,214				Variance	(153)

Oak Forest Specialty Health Center					ER and Immediate Care Total					
Payer Type	ER Patients		ER Elop	Immediate Care Visits	Payer Type	ER Patients		ER Elop	Immediate Care Visits	Total Visits ER and Immediate Care
	Treated And Released	Admissions From ER				Treated And Released	Admissions From ER			
Medicare	-	-	-	52	Medicare	610	197	83	52	942
Medicaid	-	-	-	66	Medicaid	2,304	360	270	66	3,000
Medicaid-Pending	-	-	-	-	Medicaid-Pending	2	3	2	-	7
Commercial	-	-	-	29	Commercial	251	29	16	29	325
Self-Pay	-	-	-	853	Self-Pay	6,530	698	774	853	8,855
Charity	-	-	-	352	Charity	1,344	169	158	352	2,023
Cermak	-	-	-	-	Cermak	65	33	-	-	98
Grants & Research	-	-	-	-	Grants & Research	-	-	-	-	-
Public Health	-	-	-	7	Public Health	17	-	5	7	29
Institutional	-	-	-	-	Institutional	36	-	2	-	38
Workmens' Compensation	-	-	-	-	Workmens' Compensation	4	-	-	-	4
Totals	-	-	-	1,359	Totals	11,163	1,489	1,310	1,359	15,321
			Budget	2,621					ER and Immediate Care Budget	15,522
			Variance	(1,262)					Variance	(201)

Percent Of Admissions From Emergency Room For Month Of November-2012

	SHCC	PHCC	CCHHS
ER Admissions	1,365	124	1,489
Total Admissions	1,882	136	2,018
% of ER Admissions	73%	91%	74%

Emergency Room Elope Percentage For Month Of November-2012

	SHCC	PHCC	CCHHS
ER Elop	978	332	1,310
Total Visits	11,099	2,863	13,962
% of ER Elop	9%	12%	9%

Notes:

- ER Elop are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- Oak Forest Specialty Health Center is considered to be a clinic and not an emergency room; as such, it does not have emergency room elopes.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through November-2012**

Stroger Hospital					Provident Hospital				
ER Patients					ER Patients				
Payer Type	Treated And Released	Admissions From ER	ER Elopes	Total Visits	Payer Type	Treated And Released	Admissions From ER	ER Elopes	Total Visits
Medicare	5,509	2,019	748	8,276	Medicare	1,909	220	181	2,310
Medicaid	20,349	3,524	2,260	26,133	Medicaid	5,157	196	693	6,046
Medicaid-Pending	1,038	1,127	77	2,242	Medicaid-Pending	149	52	10	211
Commercial	2,784	402	204	3,390	Commercial	892	31	102	1,025
Self-Pay	66,731	8,197	8,788	83,716	Self-Pay	18,982	817	2,235	22,034
Charity	11,575	958	1,309	13,842	Charity	3,930	190	373	4,493
Cermak	706	318	11	1,035	Cermak	11	-	-	11
Grants & Research	1	-	2	3	Grants & Research	-	-	-	-
Public Health	253	5	28	286	Public Health	27	-	3	30
Institutional	921	105	30	1,056	Institutional	25	-	4	29
Workmens' Compensation	52	8	5	65	Workmens' Compensation	14	-	-	14
Totals	109,919	16,663	13,462	140,044	Totals	31,096	1,506	3,601	36,203
			Budget	117,720				Budget	36,775
			Variance	22,324				Variance	(572)

Oak Forest Specialty Health Center					ER and Immediate Care Total					
ER Patients					ER Patients					Total Visits ER and Immediate Care
Payer Type	Treated And Released	Admissions From ER	ER Elopes	Immediate Care Visits	Payer Type	Treated And Released	Admissions From ER	ER Elopes	Immediate Care Visits	
Medicare	-	-	-	716	Medicare	7,418	2,239	929	716	11,302
Medicaid	-	-	-	989	Medicaid	25,506	3,720	2,953	989	33,168
Medicaid-Pending	-	-	-	16	Medicaid-Pending	1,187	1,179	87	16	2,469
Commercial	-	-	-	291	Commercial	3,676	433	306	291	4,706
Self-Pay	-	-	-	11,994	Self-Pay	85,713	9,014	11,023	11,994	117,744
Charity	-	-	-	4,566	Charity	15,505	1,148	1,682	4,566	22,901
Cermak	-	-	-	-	Cermak	717	318	11	-	1,046
Grants & Research	-	-	-	-	Grants & Research	1	-	2	-	3
Public Health	-	-	-	8	Public Health	280	5	31	8	324
Institutional	-	-	-	10	Institutional	946	105	34	10	1,095
Workmens' Compensation	-	-	-	6	Workmens' Compensation	66	8	5	6	85
Totals	-	-	-	18,596	Totals	141,015	18,169	17,063	18,596	194,843
			Budget	32,000					ER and Immediate Care Budget	186,495
			Variance	(13,404)					Variance	8,348

Cumulative Percent Of Admissions From Emergency Room Through November-2012

	SHCC	PHCC	CCHHS
ER Admissions	16,663	1,506	18,169
Total Admissions	23,677	1,657	25,334
% of ER Admissions	70%	91%	72%

Cumulative Emergency Room Elope Percentage Through November-2012

	SHCC	PHCC	CCHHS
ER Elopes	13,462	3,601	17,063
Total Visits	140,044	36,203	176,247
% of ER Elopes	10%	10%	10%

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- Oak Forest Specialty Health Center is considered to be a clinic and not an emergency room; as such, it does not have emergency room elopes.

CCHHS Utilization Factors

ACHN Clinic Visits

ACHN Clinic Visits - November-2012				Cumulative ACHN Clinic Visits Through November-2012			
	Actual	Budget	Variance		Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	32,118	35,772	(3,654)	FANTUS / STROGER SCC CAMPUS	393,919	416,581	(22,662)
WEST CLUSTER	5,395	6,963	(1,568)	WEST CLUSTER	72,605	81,087	(8,482)
SOUTH CLUSTER	5,382	6,237	(855)	SOUTH CLUSTER	70,058	72,633	(2,575)
SOUTH SUBURBAN CLUSTER	5,082	5,610	(528)	SOUTH SUBURBAN CLUSTER	66,922	65,331	1,591
Total ACHN Visits	47,977	54,582	(6,605)	Total ACHN Visits	603,504	635,632	(32,128)

**Cook County Health and Hospitals System
Top Ten DRG's - November-2012**

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	57	119	2.1	0.7375	2.7
2	313 CHEST PAIN	37	53	1.4	0.5617	1.7
3	603 CELLULITIS W/O MCC	33	100	3.0	0.8392	3.7
4	775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	32	95	3.0	0.5755	2.1
5	812 RED BLOOD CELL DISORDERS W/O MCC	31	74	2.4	0.7872	2.7
6	552 MEDICAL BACK PROBLEMS W/O MCC	28	89	3.2	0.8533	3.3
7	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	27	105	3.9	1.2311	3.4
8	292 HEART FAILURE & SHOCK W CC	26	88	3.4	1.0034	3.9
9	897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	26	78	3.0	0.6788	3.2
10	287 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	23	79	3.4	1.0709	2.4

Provident Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	26	97	3.7	0.5617	1.7
2	292 HEART FAILURE & SHOCK W CC	12	76	6.3	1.0034	3.9
3	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	9	25	2.8	0.9653	1.8
4	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	7	41	5.9	0.7072	3.0
5	603 CELLULITIS W/O MCC	6	53	8.8	0.8392	3.7
6	195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	6	17	2.8	0.7078	3.0
7	293 HEART FAILURE & SHOCK W/O CC/MCC	6	17	2.8	0.6751	2.7
8	310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	6	18	3.0	0.5541	2.0
9	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	5	19	3.8	0.7375	2.7
10	204 RESPIRATORY SIGNS & SYMPTOMS	5	10	2.0	0.6822	2.1

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
January 25, 2013

ATTACHMENT #5

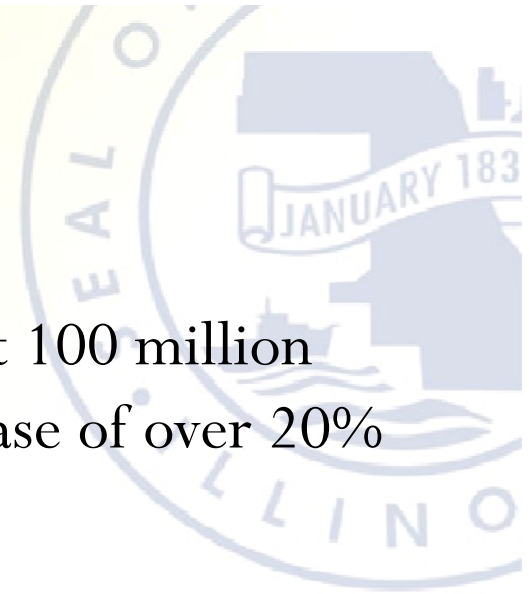


Finance Committee Meeting

January 25, 2013

Report of the Chief Financial Officer

Revenue Update



- In Fiscal 2012 CCHHS was able to collect almost 100 million dollars more than in fiscal 2011. This is an increase of over 20%
- In fiscal 2012 the collections exceeded the fiscal 2010 collections by 7.8%.
- The increase in revenue in 2012 was significant because the inpatient volume has declined from 2011 by 12.9% and below 2010 by 18.7%.

Revenue Update

- The inpatient volume of admissions and patient days has declined over the last three fiscal years.
- The outpatient activity has remained constant in the clinics and the emergency room over the last three fiscal years.
- There has been an increase in outpatient revenue that has offset the decline in inpatient services. The adjusted patient days have grown by 4.0%. The growth in adjusted patient days indicates a growth in volume.

Cook County Health & Hospitals System

Revenue Update

CCHHS System Indicators	2010	2011	2012	2011 to 2012
Admissions	30728	27144	25334	-6.7%
Patient Days	146316	136472	118934	-12.9%
Average Daily Census	401	374	325	-13.1%
Average Length of Stay	4.8	5.0	4.7	-6.6%
Adjusted Patient Days	252593	268781	279455	4.0%
Emergency Room Visits	197083	201847	194843	-3.5%
Clinic Visits	641068	602100	603504	0.2%

Revenue Update

- The 4.0% increase in overall volume is significant when one takes into account that Oak Forest closed as a hospital and Provident inpatient activity has been reduced.
- The 20% increase in collections has been the result of the 4.0% increase in activity along with an acceleration in accounts receivable collections.
- The Days of Accounts Receivable Outstanding were at 122 days at the end of fiscal 2012. This is a reduction of 17% from the end of 2011 and a reduction of 48% from the end of 2010. Accounts Receivable at the end of January is at 117 Days of Revenue Outstanding.

Revenue Update

- The collections of Fiscal 2012 were increased by a retroactive rate adjustment and a retroactive DSH payment.
- There were new sources of revenue in fiscal 2012. The new revenue was from payments for Meaningful Use and Physician Billing.
- In 2012 the collections from Medicare and Other increased. The collections from Medicaid declined.

Cook County Health & Hospitals System

Revenue Update

<u>Collections</u>	2010	2011	2012
Medicare	\$ 56,315,684	\$ 59,356,341	\$ 62,329,749
Medicaid	\$ 168,750,136	\$ 146,867,304	\$ 132,151,386
CountyCare	\$ -	\$ -	\$ -
Other	\$ 16,476,698	\$ 17,581,746	\$ 20,789,585
Physician Billing	\$ -	\$ 107,233	\$ 6,158,038
Medicaid UPL Adjustment	\$ -	\$ -	\$ -
Medicaid Retroactive Payment	\$ -	\$ -	\$ 46,935,434

Vendor Payments from Revenue

Pharmacy Billing	\$ (2,253,209)	\$ (1,362,435)
Collection Agency	\$ (804,177)	\$ (315,645)
Revenue enhancement	\$ (25,180,000)	\$ (695,672)
Physician Billing	\$ -	\$ (37,938)

Physician Contract payments	\$ 621,315	\$ 677,500	\$ 255,640
Physician Contract Revenues	\$ 298,453	\$ 256,159	\$ 605,479
Meaningful Use	\$ -	\$ -	\$ 9,621,518
DSH	\$ 158,172,746	\$ 153,062,376	\$ 150,807,707
Retro-Active DSH	\$ -	\$ -	\$ 19,782,059
BIPA	\$ 131,250,000	\$ 131,250,000	\$ 131,250,000
Medicaid Malpractice Retro	\$ 4,578,467	\$ -	\$ -

Total Collections	\$ 536,463,499	\$ 480,921,273	\$ 578,274,905
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Revenue update

- At the end of December 2012 which is the first month of fiscal 2013 the collections for the system exceeded the budget by \$3,018,764. The positive performance of December was the result of receiving a \$4,278,570 Upper Payment Limit adjustment.
- In fiscal 2013 the System has planned to collect almost 200 million dollars of capitation revenue from CountyCare.
- The budget assumes that the CountyCare revenue will begin in February 2013.

Cook County Health & Hospitals System

Revenue Update

Month One		Actual		Budget		Variance
Fiscal 2012-2013 - December 2012						
Medicare	\$	4,284,884	\$	4,489,199	\$	(204,315)
Medicaid	\$	9,667,915	\$	10,402,958	\$	(735,043)
CountyCare			\$	1,803,469	\$	(1,803,469)
Other	\$	2,234,438	\$	-	\$	2,234,438
Physician Billing	\$	831,907	\$	1,004,160	\$	(172,253)
Medicaid UPL Adjustment	\$	4,278,570	\$	-	\$	4,278,570
Medicaid Retroactive Payment	\$	-	\$	-	\$	-
Vendor Payments from Revenue						
Pharmacy Billing	\$	-	\$	-	\$	-
Collection Agency	\$	-	\$	-	\$	-
Revenue enhancement	\$	-	\$	-	\$	-
Physician Billing	\$	(2,979)	\$	-	\$	(2,979)
Physician Contract payments	\$	240,000	\$	81,230	\$	158,770
Physician Contract Revenues	\$	4,083			\$	4,083
Meaningful Use	\$	-	\$	739,038	\$	(739,038)
DSH	\$	12,567,309	\$	12,567,309	\$	-
Retro-Active DSH	\$	-	\$	-	\$	-
BIPA	\$	-	\$	-	\$	-
Medicaid Malpractice Retro	\$	-	\$	-	\$	-
	\$	34,106,127	\$	31,087,363	\$	3,018,764